Lectures
ON
CRANIAL SURGERY.

Delivered to the Class of Operative Surgery in the University of Edinburgh,

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LECTURE I.

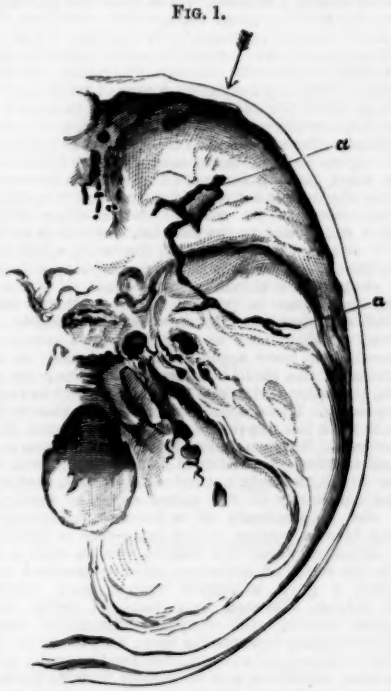
GENTLEMEN,—In treating of so large a subject in a series of four lectures, it is necessary that there should be a considerable concentration of each of the topics that presents itself for consideration, and such an arrangement of each in its appropriate order as may give due sequence of thought in traversing the whole field of our inquiry. I shall therefore adopt the following method of dealing with the subject. First, a short *résumé* must be given of the architectural anatomy and the physiology of the skull, coupled with a reference to the physics of the skull and its contents; following closely on this comes the consideration of the behaviour of the skull and its contents under the action of external violence, and of the light thus thrown on the causation and delimitation of fractures; the cortical geography of the brain in relation to localised functions, and the relation of certain districts of the cortex to the surface of the head, must then be considered; and, lastly, from the data supplied by the preceding inquiries we shall be in a position to formulate the laws which must govern surgical treatment in the various circumstances that may bring this region under the special charge of the practical surgeon.

I. THE ANATOMY AND PHYSIOLOGY OF THE SKULL.

For the practical aims here firmly held in view, a recapitulation of anatomical details is beside the mark; it remains, rather, to inquire what are the architectural peculiarities of the skull which alike indicate and carry out its essential functions, and in what manner these functions are performed. In general terms, it may be stated that the functions of the cranium are to contain, support, and protect the tissues of the brain and its immediate appendages. Specially does it interest us to inquire how the last of these three is performed, and the answer to this will be found in a careful study of the features of the protective structure itself. Hilton looks upon it as an "indisputable fact that nothing in the cranium exists unless designed to carry out some definite intention, or unless formed in reference to some distinct and special object."

Before describing these special features of the cranium, it is well to analyse somewhat more closely in what its protective function mainly consists, so that an interpretation of individual structural peculiarities may be at once attempted in terms of the general function attributed to the whole. The chief intention, realised in the skull, is to protect the brain from the direct action of physical vibrations, those vibrations travelling almost exclusively in two directions—viz., from above downwards and from below upwards; the former due to blows on the head, the latter derived from the oscillations incident to bodily movements. Both series of forces are directly referable to the erect posture of man and the ordinary conditions of his life; they are therefore normal elements in the balance of the human economy, and for them a normal accommodation of structure may be anticipated. Keeping this in mind, I must now draw attention to the structure of the skull. (Fig. 1.) It is an ovoid bony casket of varying thickness and strength in its several parts, but, in the adult at least, of uniform continuity of structure throughout, for it is only in the child that the sutures have any functional significance. It is an irregular spheroid consisting of an upper dome-like portion or vault, and a lower plate-like part of irregular contour, forming the base. Not only do these component parts differ in shape, but also in inherent strength and in elasticity; for, while considerable alterations in form are possible in the resilient vault under the action of compressing agencies, such forces cause great commotion in the region of the base, which is relatively brittle and inelastic. It is specially as regards its conduct in relation to vibrations that this difference is of importance, for while the upper portion is able to vibrate as a whole, and to distribute vibrations equally in all directions throughout its structure, the same does not hold true of the lower portion, whose irregular form will give rise to discontinuity in the lines of transmission of force at many points, and notably at the circumferential borders of the base, where the ascending walls of the vault are united with it. In a word, the vault is constructed to distribute vibrations in every direction, and thus to avoid the effects of concentrated oscillations at any part; the base is not prepared for so generalised a function, nor is it requisite in ordinary conditions that it should be. It has, however, ample provision for transmitting vibrations in the normal directions already defined—viz., from below upwards, and from above downwards, by the following mechanism. The skull is provided

FIG. 1.



The arrow shows the direction of the force applied; *a* indicates the isolated fracture of the base. There was no fissure of the vault in this case.

internally with a series of thickened buttresses or costæ, evident in the vault, but most clearly to be traced as they cross the region of the base. The ridges may be divided into three main systems, which pass downwards from the vault and converge to a point in the base, which has been termed by Félizet the "centre of resistance." The anterior series is gathered into the lesser wing of the sphenoid, and terminates on either side in the anterior clinoid process. The middle group, collected into the petrous portion of the temporal bone, passes to the centre of the base of the skull, and terminates at the foramen lacerum medium. The ridges of the posterior group, meeting at the torcular Herophili, pass forwards to the foramen magnum, at the posterior limit of which they divide and pass forward to meet again in the basilar process, and they ultimately end in the posterior clinoid processes of the sphenoid. The point that has been termed the "centre of resistance" is situated in the region of the sella turcica; it is provided with quite an unusual combination of physical conditions, which I must more closely describe.

In so doing I cannot do better than quote the words of John Hilton, from whose Lectures on the Cranium I have chiefly summarised the preceding anatomical description. He says: "The anterior clinoid processes lie surrounded by cerebro-spinal fluid, without having, as I have already said, the slightest degree of connexion with the superimposed brain. And the vibrations conducted to these points become here broken or lost in this fluid, which thereby intercepts their transmission to the tissue of the cerebral organ. The petrous portions of the temporal bones, being separated from the basilar process by an intervening layer of soft or membranous structure, the vibrations conducted in this direction become here also completely obstructed without transmission to the base..... Some, passing by the dense ridge of bone that extends from the occipital condyle to the jugular process, reach the petrous portion of the temporal bone, whence they are conducted to its extremity, where they terminate in the structure already referred to; others, travelling along the basilar process of the occipital and sphenoid, arrive at the posterior clinoid processes, where they are intercepted or lost in the cerebro-spinal fluid, which surrounds these as well as the anterior processes." In this way the vibrations, travelling from above downwards, are annulled by transference to fluid or soft solid, through which they pass in every direction, losing any dangerous degree of concentration and failing to affect the cerebral structures. In regard to the vibrations, travelling in an opposite direction, they are communicated to the base of the skull through the spinal column. At the region of the foramen magnum they divide into two series, some, passing forwards through the basi-sphenoid, traverse the middle set of ridges from below upwards and lose themselves in the resilient vault; others follow the posterior ridges back to the torcular, where they are further divided and in their turn reach the vault, where they are finally disseminated. It is in virtue of this special arrangement that we are normally unconscious of the constant jarring that must be present in the ordinary course of physical exercises, and to how large a degree we are indebted to them may be judged of by a comparison of the results of force applied in normal and in unusual directions to the skull, the former producing no evident results, the latter giving rise not unfrequently to very grave consequences. The absolute importance of this mechanism depends upon the physical arrangements of the skull and its contents. Here we find a closed rigid system, in which a rapid increase of tension is fraught with great danger, and in which the only natural safety-valve, that supplied by the continuity of the spinal canal, is inadequate to meet the requirements of a sudden emergency. Any driving in of a portion of the brain-case is therefore the most untoward event that can happen in such a system, and in the series of buttresses already described we must recognise a great safeguard against such occurrences. These ridges, although they take in many cases an irregular course, still may be distinctly traced in their convergence towards the base; and, in virtue of their greater thickness and solidity, they tend specially to collect the cranial vibrations, and to transfer them to the centre of resistance on the one hand, or to the vault on the other, where they are annulled, as has been already mentioned. From this it follows that these are really the strongest parts of the cranium, for they can most easily get rid of excessive vibrations communicated to them without suffering solution of their continuity; on the other hand, the parts between these buttresses, which have not the same facility, are much more liable to the unmodified results of forces applied to them, and practically they are found to be the more frequent seat of cranial fractures.

Having thus defined the architectural arrangements of the skull and the functions they are suited to perform, let us inquire into the behaviour of the skull under the influence of external forces applied to its various regions.

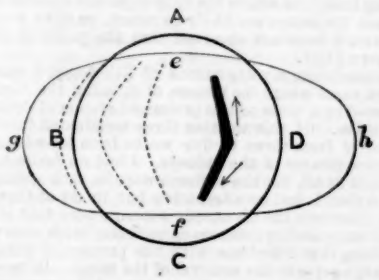
2. THE ETIOLOGY OF FRACTURES OF THE SKULL.

In the first place, we must discuss the varieties of force that may be brought to bear upon the skull, since they are important factors in the production of one or other of a variety of results. It is not as regards the amount of force applied that I would claim any essential difference to hold true; for the same laws govern larger and smaller forces alike, and thus a proposed division of fractures by Félizet into those due to great and those due to slight violence must be at once dismissed as purely artificial; but it is rather as concerns the way in which these forces are applied that these differences hold true; and I think we shall observe that an essentially different practical result occurs on the application of a diffuse blow from that produced by one that is concentrated in its area of application. The concentrated blow produces local effects only on the skull in the great majority of cases, as seen in bullet wounds or sword cuts. This applies to all parts of the skull alike, without reference to regional differences of form, and is exemplified in the region of the base by those fractures where the condyle of the lower jaw is driven through it, or where violent shocks are transmitted to it through the spinal column, resulting in a circular fracture around the foramen magnum —i.e., one localised to the point of application of the force. On the other hand, in a diffuse blow there is less tendency to fracture at the immediate seat of its application than at some distant point, and practically we find that lesions due to this form of violence are more often characterised by remote than by local effects. It is, therefore, to the action of diffuse blows upon the skull that we must turn for evidence as to the influence of its special structure upon the form and direction of the resulting fracture. Enough has already been said upon the structural difference between the vault and the base to make the earliest of the modern theories of fracture unlikely, and a very slight acquaintance with the facts renders it quite untenable. That theory depended on the law of "contre-coup," which obtains in the case of spheres of uniform strength and of regular structure, but could scarcely apply to such a structure as the skull. It was promulgated by Saucerotte, who maintained that the vibrations set up by a blow travel in all directions through the walls of the cranium, and are concentrated to a focus at the opposite pole of the skull from that struck, at which point a stellate fracture is produced. This theory seemed to accord with the significance of some points in the anatomy of the cranium, but it is with some surprise that I find that Hilton believed in it, in view of the innumerable cases in which there is no polar relation between the point of incidence of a blow and the point of fracture. It has now been largely abandoned, chiefly owing to the researches of Aran, who, as the result of experiment, came to the conclusion that fractures of the base occur by the radiation of fissures from the point of application of the force. The fissures pass by the nearest route to the base, and involve it in the fracture. Félizet also agrees generally in these views, but finds in the majority of cases that the fissures, instead of taking the nearest route to the base, pass downwards in the intervals between the bony buttresses described by Hilton, where there is a greater tendency to fracture than in the costæ themselves. These two theories—the vibratory, or theory of "contre-coup," and the radiation theory of Aran, struggled long for pre-eminence; and this contest was the occasion of much experimentation intended to throw light on the question. It had been observed by Aran that in numerous cases the position of the chief fracture of the base was far removed from the antipodes of the point where the force was applied. He accordingly investigated the matter, and the following summary of his experiments by Sir Prescott Hewett in Holmes's "System" so well describes them and their results that I quote it without apology: "In precipitating a large number of bodies from various heights on to the head, Dr. Aran found that the part of the vault which first struck the ground gave, as it were, the key to the fracture which would take place at the base. Similar results were also obtained when diffused blows were dealt upon different parts of the skull by means of a large and heavy hammer. In the front part of the vault injuries thus produced led to a fracture of the anterior fossa, in the middle part of the vault they led to a fracture of the middle fossa, and at the back of the head to a fracture of the posterior fossa. In no single instance was a fracture of the base detected without a line of fracture in the corresponding part of the vault." Sir Prescott Hewett gives his entire allegiance to Aran's views, and confirms them by a summary of the cases at St. George's Hospital which have come under his notice.

It is true that this theory, based as it is upon both experiment and practical experience, seems at first sight to preclude any further discussion of the matter; but there are certain series of more recent experiments whose results seem to throw some doubt on Aran's theory, and upon them has been based another theory which appears at least equally well to explain the actual appearances in such cases. In

1872 Schwarz published the results of a series of experiments on the heads of cadavera, in which he found that on the application of force to the side of the skull fracture of the base constantly occurred in the middle fossa, and in a direction parallel to the petrous portion of the temporal bone, and thus parallel to the line of the force producing it. Similarly, if the force be applied to the frontal or occipital region, the resulting fracture occurs in the longitudinal axis of the base; and if in the mastoid region, the fracture traverses the base diagonally. In other words, in each case the line of fracture is parallel to the line of force. These results, after remaining comparatively unnoticed for several years, were put to the test in 1880 by Meserer, and in 1881 by Hermann, and in both cases substantially the same results have been arrived at. The former expresses his opinion as follows: "That fractures of the base always occur in the direction of the force applied, or at any rate parallel to it, and thus are not looked upon as the result of radiation, but of compression or bursting." In illustration of this view, he makes use of the following example: "If a hollow sphere be subjected to pressure, the breakage either occurs immediately at the point of pressure, or by bursting at the most distended part." Thus in fracture of the skull due to diffuse blows one or other of these forms of fracture will occur—the former illustrated, he thinks, by circular fractures around the foramen magnum from the spinal column being impelled upwards, and the latter in any fracture of the base from indirect violence. Von Wahl, adopting Meserer's views, makes use of the accompanying diagram to explain this point. (See Fig. 2.)

FIG. 2.



Let A B C D be a hollow elastic sphere, and let it be compressed at the poles A and C until it takes the form *e f g h*. If its elasticity be equal in all parts, the first breach of continuity may occur at any point on the equator around which the tension is greatest; and when it does happen, it will have the direction of one of the meridians of the sphere, stretching towards both poles, as represented by the broad black line in the diagram. Supposing one segment of the sphere, however, to be less elastic than the others, it will be at once singled out on that account as the seat of the first breakage which occurs, and the line of breakage will pass in the same direction as before—namely, parallel to the line of the force producing it. The application of these remarks to the case of the human skull is obvious, and we are the more prepared to acknowledge their force, as we have already noticed how much the inferior segment of the skull is lacking in elasticity as compared with the superior segment. We should thus be led to expect that if like conditions be applied to the skull a like result will follow—viz., a fracture parallel to the line of force, commencing at the equatorial part of the base and spreading towards either pole. If we now turn to Hermann's experiments we find this actually carried into effect. He found that by applying gradual increments of force one could watch the fracture develop itself, commencing, as it always did, in what represented the equatorial zone of the base—i.e., midway between the points of pressure—and extending as more force was applied in both directions parallel to the line of force towards the poles, at which it was applied, until he had obtained exactly the same appearances as those upon which Aran based his radiation theory—viz., that from one of the points of application of the force a fissure ran towards the base and involved it. In this way Hermann attempts to prove that the appearances produced in Aran's experiments were due to the excessive amount of force used, which first shattered the base, and then led to the formation of the radiating fissure leading to the point of the application of violence. Von Wahl, in his pamphlet, accepts this view, and figures sixteen cases of fractured base from the Surgical Museum of the University of Dorpat, each accompanied by short notes of the case, which in the main bear out his views. He specially draws attention to one, which can hardly be explained on the radiation theory, as there are fissured fractures of the base quite isolated, having no radiating fissure in connexion with them, passing towards the point of application of the force; although in this case the history points to conditions exactly similar to those used by Aran in producing his experimental results—viz., a fall from a height upon the left frontal region.

I have within the last twelve months had a similar case in my own practice, in which a blow on the lateral frontal region was followed by symptoms suggesting fracture of the base. In this case I ventured to diagnose a fissured fracture, and defined its direction in terms of the law just mentioned. A month after the accident the diagnosis was confirmed by a post-mortem inspection, and an isolated basal fissure was discovered, involving the anterior and middle fossæ, but with no prolongation to the part of the vault struck. This is illustrated by the accompanying drawing (Fig. 2), taken at the time by Mr. W. A. Scott, M.A. I consider, therefore, that we must adopt the views of von Wahl, that the fracture occurs in the line in which the force is applied or parallel to it. This, however, with certain reservations; for the experiments of Meserer and Hermann did not extend to an investigation of the remote effects on the base from injury to the vault; and it is only in the case of forces applied to the lowest segment of the vault, or more properly to the edges of the base, that the theory of parallel cleavage is found to hold true. The holding of this theory in no way detracts from the value of Aran's experiments; it accepts and appropriates his results, but slightly modifies his interpretation of certain of them. This modification would be a triviality were it not for the important clinical issues involved, for if we can by applying the law of parallel cleavage define the course of cranial lesions, much has been done towards removing that uncertainty which is the great bar to logical and successful treatment. To sum up, then, my views of the results of diffuse blows on the skull in a few words: Diffuse blows produce their chief effect at a distance from the point of their application; those struck on the vault produce fissured fractures in the corresponding segment of the base; those struck on the periphery of the base produce fissured fractures on the base of the skull parallel to the direction of the force applied.

ABSTRACT OF

The Lettsomian Lectures

ON

SOME POINTS IN THE SURGERY OF THE URINARY ORGANS.

Delivered before the Medical Society of London,

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LECTURE III.

The operative treatment of stone and tumours of the bladder in relation to some recent views and practices.

MR. PRESIDENT AND FELLOWS,—The surgery of the bladder during the last ten years will under all circumstances occupy a conspicuous position in the history of our art by the introduction of litholapaxy, the revival of the supra-pubic or high operation under somewhat altered conditions, and by an approach to a somewhat more systematic method of treating tumours connected with the interior of the viscus. A vast amount of experience has already been obtained bearing upon these various measures, and I think the time this evening cannot be better occupied than in drawing some conclusions in regard to them, which,

it seems to me, may now be fairly and advantageously done. In the course of these remarks I shall not trouble you with statistics relative to operative procedures, as I do not attach much importance to them. On the other hand, the collective work of individuals carefully recorded, with all failures and successes, is of the greatest value, as indicating not only results, but how these were obtained.

In the first place I will take a brief survey of the crushing operation at the present day, which occupies a very different position compared with what it did ten years ago. It has been applied to almost every condition under which stone in the bladder is met with in males, females, and children. At first there appeared to be a tendency to limit its application considerably, whereas now we have rather to fear its extension to conditions for which it could hardly have been intended. The removal of a stone at a single sitting, without leaving behind any cause either for its reproduction or for cystitis, presented such a desirable combination of objects as to at once place the matter before surgeons in a light which it had not previously done. In the case of stones of moderate size occurring in adults in other respects healthy, lithotrity may now be applied with a degree of success which prior to this decade had never been obtained in the history of either the cutting or crushing operations. Nor can there be any doubt, excepting children perhaps, that by far the larger number of stone cases requiring operation occur under these circumstances. But this unfortunately does not represent the whole truth, as lithotrity has been and is being applied to a class of cases where the anticipations formed in reference to it in its most modern form have not been realised; and this brings me to notice what I would speak of as the weak side of this proceeding. Mr. Cadge, in his recent Hunterian lectures, pointed out that the recurrence of stone after lithotrity was lamentably frequent, and if there were added to the list those numerous cases of phosphatic deposit or concretions so often noticed after this operation, the relapses, he believed, would reach nearly 20 per cent.

The state of the interior of the bladder relative to its shape, its power of contraction, and the presence or absence of inflammation, has a determining influence in the reproduction of stone, and we have, I think, been rather too much disposed to allow the physical properties of the stone to determine for us, as it were, the selection of the operation, irrespective of these relative conditions. Though a hard stone is, as a rule, best treated by lithotomy, this by no means implies that some small and soft ones are the less advantageously removed by a similar proceeding. Let me take, for instance, the case of a stone in the bladder occurring in an adult, with some chronic cystitis and enlargement of the prostate. The probabilities are that for many months, if we look at the section of such a stone after its removal, the bladder has been engaged in encasing it in a mould of phosphates just as completely as if it were done by plaster-of-Paris. I have examined a very large number of bladders with prostatic hypertrophy, and having regard to the pouched condition of the viscus as well as the condition of the mucous membrane relative to the presence or absence of phosphatic deposit upon it, it has often struck me, not that lithotrity has its failures, but that under these circumstances its successes are so numerous.

Reflections such as these induced me some years ago to gradually alter my mode of procedure in cases of this kind, where either it was clear that the stone was the effect rather than the cause of disease, or where this fact was demonstrated by the failure of lithotrity. The bladder under these circumstances resembled a chronic abscess with a stone in it, and it is just as necessary to open and drain the one as the other. In a man of sixty, from whom large masses of phosphatic stone had been removed by three lithotrities, and who was never free from vesical irritation, I performed, two years after the first crushing, lateral lithotomy, and removed more phosphatic calculus of recent formation. His bladder was then drained and washed for eight weeks, until he voided normal acid urine, when the tube was removed, and the wound healed in a month. This and similar instances are examples, not merely of successful lithotomy, but of successful drainage.

In the performance of lithotomy in cases of this description, my aim is to make a wound into the bladder which will permit of ready and efficient drainage, and which is not likely to close up before the interior of the viscus is ready for the reception and continence of the urine; hence I am an advocate for lateral lithotomy, which best fulfils the conditions that are required. As a rule, cases of this kind require drainage to be continued from four to eight weeks, and I have drained them as long as ten weeks before the state of the bladder, as evidenced by the urine, was such as to allow the wound to heal up. The drainage tubes I employ, and some specimens of which I show, are larger than those which have been used temporarily by some surgeons after lithotomy, and some care is required in fitting them to each case. By their use I have been able to keep patients absolutely dry during the whole process of treatment, except perhaps the first few days. At the same time antiseptic dressings have been applied to the perineum; but I do not attach much importance to the latter so long as the urine drainage is perfect. From a gentleman of seventy, who for four years had passed his urine by catheter, I removed by lateral lithotomy three uric acid calculi of moderate size coated with phosphates. I made a very free opening into the neck of the bladder, put in one of my largest-sized tubes, and drained continuously for eight weeks, when the wound was allowed to heal. He can now expel his urine without assistance, and has entirely discarded the catheter. It is remarkable that the bladder should have entirely recovered its power after so long a period of inaction as four years.

Putting aside what may be due to the accidents of lithotomy, to which we are all more or less liable, and which are really responsible for no inconsiderable amount of the mortality following this operation, the results will be largely determined by the attending circumstances of the individual case. Leaving out of consideration cases such as those with dilated ureters and purulent kidneys, which are as much outside the question at issue as they are beyond repair, and taking instances where the only objection against lithotrity is that the stones are likely to return, or have been proved to do so, I have not observed that the perils of lithotomy are very great.

On analysing my experience of lithotomy, I can refer to fifteen cases where the process of opening the bladder was followed by a more or less prolonged system of drainage and irrigation. Of this number three terminated fatally in the course of from three to five weeks from far-advanced suppurative disease of the kidneys. I had no desire to operate on them at all, but the patients were in such a painful condition that I had no alternative but to do as they wished. They illustrate the disastrous consequences that may ensue when stone and cystitis are complicated with obstruction or anything that interferes with the process of natural urine drainage prior to the removal of the stone. In two of these cases there was some enlargement of the prostate, whilst the third was complicated with an old urethral stricture. Further, they clearly point to the importance of drainage as a necessary part of the process connected with the removal of some stones. The remaining twelve persons recovered and continue well, three of them having previously been treated by crushing.

In determining how long it is necessary to continue the drainage, I attach considerable importance to two points—first, to the condition of the urine; and, secondly, to certain muscular actions of the bladder, which become more apparent in those cases where atony pre-existed. So long as a patient goes on discharging ammoniacal or very purulent urine, so long must the drainage be continued. When the urine is becoming normal, one of the earliest indications that the drainage tube may be withdrawn is the voluntary or spasmodic expulsion of urine along the natural passage. After three or four weeks' drainage I have allowed patients to get up for a little while, and sit in a chair with a clip at the end of the drainage tube. When urine is expelled independently of the tube along the natural passage, it is a sure indication that the power of the bladder will be restored in those instances where it had been lost to a greater or lesser degree. In a man, aged sixty-eight, with an atonied bladder and retention of urine, in whom catheterisation was difficult, I performed perineal cystotomy, divided the prostate, and put in a drainage tube. This was worn for eight weeks, when it was noticed that a certain quantity of urine forced its way along the urethra. The tube was withdrawn, the wound closed, and after that the patient had no difficulty in urinating, though the power of the bladder had been entirely suspended for some months prior to the operation and drainage. In two instances where the stones were very large I had to divide both sides of the prostate, and these cases made very rapid progress. The wound should invariably be made clean and straight, and the

relations of the parts should not be unnecessarily disturbed with the finger, as thus pouches are made in which urine may lodge. In one case recovery was somewhat retarded by two or three attacks of secondary hæmorrhage, which, however, was not sufficient to be of much importance. In another the patient had two or three slight attacks of orchitis, due probably to some imperfection in the drainage apparatus; where the prostate is very irregular this may happen unless care is taken in making the incision into the neck of the bladder.

In reference to the application of lithotrity to male children, some valuable records have been furnished by surgeons practising in India, amongst whom I may mention Dr. Freyer and Dr. Keegan. The latter gentleman has demonstrated the great success that may be obtained in boys by crushing, but, having regard to the good results of lithotomy in male children, I should not feel disposed to extend lithotrity in this direction materially, except in the case of very small stones. It has been alleged that lithotomy means emasculation, but I am not aware that sufficient proof of this has been afforded; if it were shown to be an occasional but unavoidable consequence, the reasons for crushing in boys would be materially strengthened. The supra-pubic operation for stone owes its recent revival in a large measure to the observations of Garson, the practice of Petersen of Kiel, and the advocacy of Sir Henry Thompson. Since the introduction of this method considerable discussion has been excited in reference to the circumstances under which it is applicable, and much variety of opinion has been expressed. I do not think that anyone would attempt the removal of a very large stone from the bladder by any other proceeding. Large masses have in this way been successfully removed, which, judged from previous experiences of the kind, could not have been otherwise safely accomplished; and this applies equally to some cases of distorted pelvis, where the outlet is so contracted as to render perineal lithotomy impossible. I should have been glad to have availed myself of this method of operating in one of my earliest stone cases some twenty years ago, where I performed lateral lithotomy for a boy with his hip ankylosed in an extended position.

Experience has already shown us that the supra-pubic operation is well adapted for the removal of certain foreign bodies from the bladder more or less coated with phosphates, where it is necessary that we should be able to see as well as to feel and direct what we are desirous of doing, and one of the best illustrations of this practice will be found in a case recently recorded by Dr. Gillon, where a penholder, over five inches in length, encrusted with phosphates, was removed from the bladder of a man through a supra-pubic incision. Not only was the foreign body extracted in this way, but the operator was enabled to satisfy himself that no perforation of the bladder into the peritoneal cavity had occurred. Supra-pubic incision may prove valuable in some cases of stone complicated with a protruding prostate, where the removal of some portion of the latter may be further contemplated, and the high operation will prove to many practitioners an easier and therefore a safer means of access to the bladder than the lateral perineal route.

In the controversy that has been recently raging in reference to the relative advantages between supra-pubic and perineal lithotomy, I cannot help thinking that much of the difficulty which some have associated with lateral lithotomy, or Cheselden's operation, is in a measure due to a wrong conception of the way this operation should be performed. The point where, it seems to me, some surgeons are at variance with the description laid down by authorities on this subject is in reference to the employment of dilatation with the finger as a means of entering the bladder. I contend that such a process is not only unnecessary, but dangerous. It is unnecessary because an opening into the bladder can be safely made with the knife sufficient to permit of the finger being put, and not pushed, into the viscus; it is dangerous because the risk is not inconsiderable of wrecking the operation by rupturing the urethra, especially in young children, and by destroying with the finger the natural relations of the parts. It is a misconception of this kind which alone imports an element of danger so far as the mechanism of perineal lithotomy is concerned. We must not be unmindful that experience has already shown us that supra-pubic cystotomy, like other procedures having the same object, has its own difficulties and dangers. Instances have been recorded where a weakened bladder, under the pressure of distension, has given way, and death has then followed; and similarly the rectum has suffered in a corresponding manner, but without producing any serious consequences. To most of us the simplicity and ease with which lateral lithotomy can usually be performed is such as strongly to prejudice us in its favour, in the absence of any special reason to the contrary such as I have indicated. Still, on the other hand, there are places for both the high and the low operations in the practice of surgery, which they can fill with relative advantage and without fear of clashing.

In the last place, let me say a few words in reference to the treatment of tumours connected with the interior of the bladder. A survey of the literature relating to the operative treatment of these seems to indicate the great caution that is necessary in the selection of cases suitable for operation. Malignant growths connected with the interior of the bladder are, I believe, just as much beyond the reach of surgery as those which are occasionally seen involving the cavity of the nose. I have in a few instances opened the perineum and explored them with the finger, but, beyond giving vent to offensive urine mixed with blood and the débris from the growth, I cannot say that I have seen any permanent good follow, and I am disposed to think with others they had best be let alone. If perineal exploration indicates, by reason of the limited connexions of the growth, the expediency of attempting its complete removal, if the mass is considerable, the supra-pubic incision may with advantage be proceeded with, the perineal wound being used for drainage. The simple vesical papillomata have undoubtedly within the last decade been brought within the reach of surgery, and in their removal I have been able to accomplish all that I desired by a perineal incision. The following instances illustrate some of the difficulties connected with the diagnosis and treatment of tumours of the bladder. In 1883 I saw a young man who was suffering from hæmaturia. I opened his bladder from the perineum, and removed a villous growth, which seemed to occupy the orifice of the left ureter; he was temporarily relieved, but in the course of a month he died of exhaustion in consequence of repeated attacks of hæmaturia. After death the left ureter was found dilated, the pelvis of the left kidney was also dilated, and contained a villous growth, resembling that which I had removed from the bladder. In another case a middle-aged man came to me presenting all the symptoms of calculous pyelitis of the left kidney. The pain was so severe that I determined to open and explore the kidney, which I did in the early part of December, 1887. I found the kidney not much larger than natural, but it was simply a bag of pus. I could find no stone or other cause for the renal obstruction. The bladder was examined, but nothing abnormal was detected. The patient had a good deal of hæmaturia after the operation; he got gradually weaker, and died about four weeks later. Post mortem, a small epithelioma of the bladder was found, which had completely occluded the left ureter, and had thus led to the disorganisation of the corresponding kidney. Such are illustrations of some of the difficulties that attend the diagnosis of tumours connected with the interior of the bladder; they certainly seem to indicate the great caution that is necessary in coming to a conclusion that their extirpation should be attempted.

I have now completed the task which you in your kindness have imposed upon me. It only remains for me to thank you for the patient and attentive hearing you have given me.

GEOLOGICAL SOCIETY.—The medals and funds to be given at the annual meeting of the Geological Society on Feb. 17th have been awarded as follows:—Wollaston Medal to H. B. Medlicott, F.R.S.; Murchison Medal to Professor J. S. Newberry, M.D., of New York; Lyell Medal to Professor H. Alleyne Nicholson, M.D., D.Sc.; Wollaston Fund to John Horne, F.R.S.E.; the Murchison Fund to E. Wilson, of the Bristol Museum; and the Lyell Fund to Arthur H. Foord and T. Roberts, B.A.

ST. JOHN AMBULANCE ASSOCIATION.—A very successful "first aid" class for ladies was last week concluded at Davenport, Bridgnorth, at the residence of Sir Augustus Adderley, K.C.M.G. Forty-two attended, the lecturer being Dr. Lees Hall, adjutant of the Volunteer Medical Staff Corps. Dr. Manley, F.R.C.S., of Wolverhampton, was the examiner, and granted the much-coveted certificate to the twenty-three going up for the examination, complimenting all on their proficiency.

REPORT OF A CASE OF

ACUTE TETANUS FOLLOWING A SMALL PUNCTURED WOUND OF THE SOLE.

WITH A BRIEF REVIEW OF THE MORE RECENT INVESTIGATIONS INTO THE PATHOLOGY OF THE DISEASE.

BY WILLIAM ANDERSON, F.R.C.S.,
ASSISTANT SURGEON TO ST. THOMAS'S HOSPITAL.

J. C——, a coal porter, aged thirty, was admitted into St. Thomas's Hospital with symptoms of tetanus on April 6th, 1887. Ten days before admission the patient ran a small nail into the sole of the right foot, on the outer side of the ball of the great toe. The pain was slight and transitory. The mark of the puncture apparently disappeared on the following day, and nothing occurred to indicate the serious nature of the accident until the morning of his entrance into the hospital. At this time he noticed on rising a little sense of soreness about the throat and neck, associated with stiffness in the jaw and difficulty in swallowing. These symptoms became gradually worse, short attacks of respiratory spasm were superadded, and, becoming alarmed, he sought advice at the hospital.

On admission he complained of stiffness in the back of the neck, with inability to open the mouth and occasional "catching of the breath." There were some rigidity about the masseter and head extensors, and slight risus sardonicus, but the general condition appeared to be good. The pulse was strong and regular, but slightly increased in frequency; the temperature 99·8°. On examination of the seat of injury, to which the patient alluded only after inquiry, all that could be seen was a minute black point surrounded by a whitish areola of partially detached epidermis; the adjacent parts where neither red, swollen, nor tender. The man was sturdily built, and of healthy aspect; it was, however, ascertained that his habits had been very intemperate. At 3.30 P.M. an attempt was made to administer ether. The inhalation was interrupted by intense spasm of the whole of the voluntary muscles, during which asphyxia appeared imminent; but after the substitution of chloroform the paroxysms subsided, and complete anæsthesia was obtained. A free incision was then made into the wounded part, but no trace of the nail track was visible, and the divided tissues were to all appearance perfectly normal. The posterior tibial nerve was exposed behind the ankle, and was stretched and divided. Its tissue and sheath presented nothing for notice. The operation induced no reflex spasm, and did not in any perceptible way influence the condition, either for good or evil.

The subsequent treatment comprised the administration of strong nutrient enemata, and the hypodermic injection of curare in doses of one-fourth of a grain at intervals of four hours. At 8 P.M. the jaws were still firmly clenched, and there was considerable rigidity about the extensors of the spine, but the extremities were but slightly affected. Consciousness remained unimpaired; the expression of the face was calm, and there were no indications of severe suffering. Temperature 97°. In this state, varied only by a few slight respiratory attacks, he remained throughout the night. At 6.20 on the following morning the temperature was 99·6°. At 8 o'clock a paroxysm of great violence suddenly set in; the whole muscular system was thrown into a state of intense contraction, respiration was arrested, and the pulse became imperceptible at the wrist. The spasm at length subsided, leaving the patient in a state of profound exhaustion, from which he never rallied. He died a quarter of an hour later, about fourteen hours after the onset of the signs of the disease, in the course of a final paroxysm marked by strong opisthotonos and elevation of the arms above the head.

The necropsy was conducted six hours later by Dr. Hadden. The only indication of past disease was an obliteration of the sac of the pericardium by old inflammatory adhesions. The blood in the heart and veins was fluid. The lungs presented numerous small recent hæmorrhages, mostly near the surface, but were otherwise healthy. The brain and medulla were superficially congested, and the cord presented scattered patches of congestion in the grey and white matter. Microscopic examination revealed no essential lesions on the nerve centres. Portions of the medulla cord and nerve tissue were removed by Mr. Ballance for experimental purposes.

The violence and speedy termination of the disease in this case are in strange contrast with the seemingly trifling character of the causative injury. The patient had forgotten his wound before the grim sequence showed itself, and even to the surgical eye the part offered nothing that would have attracted attention but for the secondary complaint. The man was young, and, although his powers of resistance were probably lowered by intemperance, his physical development was of more than average vigour. With regard to treatment, the measures employed were entirely without effect, unless we regard the coincidence of the first severe paroxysm with the inhalation of ether as more than accidental. There can, however, be little doubt that chloroform would be preferable in such cases as an anæsthetic. The most noteworthy feature of the symptoms was the relative immunity of the extremities from spasm.

The pathology of tetanus is entering a new stage. It has long been accepted as the most rational explanation of the symptoms that a poison of some kind gains admission by the wound, or is generated in the injured tissues, and after a variable period of incubation attacks the medulla oblongata and spinal cord; but the science of the past afforded no clue to the nature of the toxic agency, or to the conditions under which it entered the system. The experiments of Rose in 1868, and of Arloing and Tripier in 1870, had indicated that the blood of tetanic patients was not inoculable upon the lower animals; but nothing beyond this negative evidence appeared until 1883, when Carle and Rattone[1] succeeded in producing fatal tetanic symptoms in rabbits and dogs by injecting into the sheath of the sciatic nerve a maceration of the substance of an acne pustule from the body of a man who had died from a tetanus, of which this small lesion was the attributed cause; and further, by the inoculation of a portion of nerve tissue taken from above the point of operation in the animals so infected, they reproduced the same symptoms in a second series of rabbits. Inoculation with the blood of the patient was negative in its results. The infectious material was found to be rich in micro-organisms of various shapes, but the observers demonstrated no specific form.

In the following year Nicolaier[2] made the curious discovery that portions of earth taken from streets, yards, gardens, meadow-land, potato-fields, &c., in widely separated localities, and in some specimens after years of preservation, contained a bacillus which, when inoculated beneath the skin of the mouse, the guinea-pig, and the rabbit, induced a fatal train of symptoms closely resembling those of tetanus in man, except in the circumstance that the spasms invariably commenced in the limb nearest to the seat of operation. From the animals so infected he was able to convey the disease to a new series of rabbits by inoculation with material from the wound, with small pieces of muscle, skin, nerve, and spinal cord, and also with a relatively pure culture of the bacillus. The habitat of the micro-organism was practically limited to the neighbourhood of the wound, never extending to the blood, and only once to the nerve tissue. From these observations he surmised that tetanus might be transmissible to man through the medium of a polluted soil.

In 1886 the views of Nicolaier as to the bacillary origin of the disease received support from a new and remarkable set of experiments by Rosenbach of Göttingen.[3] Rosenbach, on examining a patient who had died of tetanus after a frostbite of the foot discovered in the tissues near the gangrenous part an organism apparently identical with the earth bacillus of his predecessor. With material taken about an hour after death from beneath the skin near the line of demarcation, he proceeded to inoculate two guinea-pigs hypodermically on the thigh. Tetanic symptoms, at first limited to the limb nearest the point of operation, quickly followed, and, becoming general, proved fatal within twenty-four hours. From these animals the disease was transmitted to a series of guinea-pigs, mice, and rabbits by the injection of material drawn from the seat of inoculation, the symptoms in each case resembling those induced by the earth infection of Nicolaier. Rosenbach, like Nicolaier, found that the micro-organism, an anaerobic linear bacillus, was almost limited to the immediate neighbourhood of the point of

[1] See Abstract by Mr. D'Arcy Adams, in the Medical Record for January, 1885.
[2] Deutschen Med. Wochenschr., 1884.
[3] Centralblatt für Chirurgie, 1886.

inoculation. The bacillus was also met with in two cases in the spinal cord, but it was only through material derived from the former source that the affection could be conveyed to other animals. From this it was concluded that the bacillus acts by introducing a specific chemical poison, which directs its attack against the nervous system, and is thus responsible for the characteristic manifestations of the disease.

The next step, the detection and isolation of this poison, was undertaken as a sequel to Rosenbach's experiments, by Professor Brieger of Berlin. From an imperfectly pure culture of the bacillus of Rosenbach he was able to separate by chemical methods four different ptomaines. The chief of these, to which the discoverer assigns the name of tetanin and the formula of $C_{13}H_{30}N_2O_4$, was found to induce in rabbits and other animals after inoculation an attack of rigors, followed by paroxysms of tetanic spasm, with *complete* intermissions. When, by diminution of dosage the course of the symptoms was extended over a larger space of time, two stages could be demonstrated—an initial period of paralytic rigidity, and a final and briefer stage of tonic and clonic spasm. A second poison, distinguished by the name of tetano-toxin ($C_5H_{11}N$), produced a convulsive affection unlike tetanus, and tending to pass into complete paralysis. Finally, two other ptomaines, both present in very small quantity, led to tonic and clonic spasms, and one of them also to an active stimulation of the lachrymal and salivary secretions.

A further contribution to the subject was added in April last by Dr. Ferrari of Parma.[4] The death of a patient from tetanus on the eleventh day after an ovariotomy, which had progressed until the outbreak without fever or other indication of infection, gave an opportunity for a fresh series of investigations. He, unlike his predecessors, was able to find in the blood and cerebro-spinal fluid a micro-organism, which took the form of a staphylococcus. With cultures prepared from this he inoculated three rabbits—one in the sciatic nerve, another in the spinal cord, and a third in the subcutaneous connective tissue. The first experiment was without effect, but tetanus followed in the other two, and by means of the injection of blood taken from the auricle of one of the infected animals the disease was reproduced in another rabbit—a result, again, at variance with the experience of the previous authorities.

The observations next in order of sequence were those made by my colleague, Mr. Ballance, in association with Mr. Lingard, in connexion with the case now reported, and in a second example that occurred shortly afterwards. These, the first investigations of the kind in this country, have not yet been published in detail, as the authors desire to obtain more material before doing so, but the main results were as follows:—Cultivation experiments upon blood obtained from the patient during life, and upon portions of pons, medulla, spinal cord, and nerve trunks (taken from near the seat of injury) were uniformly unsuccessful. Inoculation material from the tissues named, prepared according to the method adopted by Pasteur in rabies, was injected under the skin or beneath the dura mater of a number of rabbits and guinea-pigs. Of the animals treated hypodermically none manifested any symptoms, while amongst those subjected to subdural inoculation a certain number developed well-marked tetanus, but the disease so induced could not be transmitted to another series of rabbits. Cover-glass preparations of the blood taken during life and after death, and similar specimens of the various parts of the nervous system used for the inoculations, were made, and stained sections of the central nervous systems and peripheral nerves were cut from portions hardened in absolute alcohol and stained with various dyes, but the microscope gave no indication of the presence of the specific bacillus. No experiments were made with matters derived from the seat of injury. The further and complete record of these important researches will be looked for with interest, as they are to some extent confirmatory of the views of Rosenbach, and have themselves been supported by the independent observations of Dr. Shakespeare of Philadelphia.[5]

Dr. Shakespeare's experiments were conducted on nearly the same lines as those of Mr. Ballance, but were based upon equine tetanus. He took portions of the medulla and cord from a horse and a mule that had died of the traumatic form of the disease, and with cultures prepared from these sources practised subdural inoculation upon a number of rabbits. Tetanic symptoms followed in every case, and from the infected animals were inoculated a second series, from these a third, and from the third a fourth—in each instance with positive results,—the incubative period becoming shorter with each successive group of experiments. He found that injections of the same material beneath the skin and into the muscular tissue failed, while two of the animals so treated afterwards developed tetanus in response to a subdural inoculation. Emulsions of the spinal cord of the tetanic rabbit treated after Pasteur's method of alternation of the virus in hydrophobia were essayed in six cases, and in five of these the animals died of tetanus. An attempt to isolate a ptomaine from the nerve tissue of the centres was apparently unsuccessful. It must be noted that the report, which is incomplete, is silent as to the presence of micro-organisms, so it may perhaps be assumed that, as in the experiments of Messrs. Ballance and Lingard, a specific bacillus was not demonstrated. It does not appear that any experiments were performed with the tissues near the seat of the causative lesion. Dr. Shakespeare's chief conclusions from his observations are that the tetanus of horses and mules may be conveyed to other animals by direct inoculation, and that possibly man is liable to infection from the lower animals.

A later contribution to the subject appears in the *Bulletin Médical* of Dec. 14th, in the form of a *résumé* by Dr. Thoinot, of some elaborate investigations by M. Nocard. In 1882 this observer, reflecting upon the analogy between the bulbar phenomena of tetanus and those of hydrophobia, was led to believe that the former disease is inoculable in the same manner as the latter, and that the principal seat of the contagium would probably be found in the medulla oblongata. Acting upon this opinion, he essayed a series of inoculations beneath the skin, beneath the dura mater, and in other situations, with the cerebro-spinal fluid and portions of the medulla of a tetanic horse. In every case the results were negative. In the present year, however, stimulated perhaps by the discoveries of Rosenbach, he resumed the inquiry. Having received from a veterinary surgeon some wooden clips or forceps (*casseaux*) employed in the castration of a number of horses that afterwards died of tetanus, he inoculated hypodermically a series of rabbits and guinea-pigs with the blood and pus still adhering to these implements, and in almost every instance the animals developed fatal tetanic symptoms. An ass injected with material taken from near the seat of inoculation in one of these suffered a similar fate. On the other hand, he found that inoculations with the medulla and cord of the tetanic animals were invariably unsuccessful. From these facts he concluded that tetanus is certainly inoculable, and that the pathogenic germ exists in the direct products of the causative wound, but that neither the blood nor the nerve substance is capable of transmitting the complaint.

Dr. Thoinot refers also in his article to some recent experiments by Giordano, in which tetanus was transmitted to a guinea-pig by the inoculation of pus extracted from the sheath of the vessels of the arm of a man who had died of the disease after a contusion of the limb. From the guinea-pig the infection was conveyed to another animal of the same species and to a sucking-pig, and like results were obtained in a number of guinea-pigs and rabbits by the inoculation of earth and débris adherent to the wounded part in the original subjects, and of pus taken from the seat of inoculation in the first series of animals. Both Giordano and Nocard claim to have met with the bacillus of Nicolaier and Rosenbach in the course of their experiments.

Lastly, the cases and experiments recorded by Hochsinger[6] and Beumer,[7] which have already been noticed in the *British Medical Journal*, Dec. 31st, must be regarded as having a very direct bearing upon Nicolaier's discovery. Hochsinger, in investigating the case of a man who had died from tetanus following an abrasion of the hand, contracted while working among earth, found in a cultivation of some blood taken from the cephalic vein, but not in the blood itself, a bacillus like that of Rosenbach. Animals inoculated both with the blood and with the cultivation developed tetanus, while inoculation with pus from the wound was unsuccessful. Beumer met with two cases—one that of a workman who was seized by tetanus a week after a splinter

[4] La Semaine Médicale, April 13th, 1887.
[5] British Medical Journal, 1887, vol. ii., p. 713.

[6] Centralbl. für Bakteriologie und Parasitenkundt, 1887, Bd. ii., Nos. 6 and 7.
[7] Ibid., No. 20.

wound beneath the nail of the middle finger; the other that of a boy who fell a victim in like manner to a wound of the sole with a sharp stone. In the first case the tissues could not be obtained for experiment, but the inoculation of material prepared from the wood from which the splinter had been detached, as well as from earth in its neighbourhood, induced tetanus in mice and rabbits; in the second case the tissues about the wound, and the earth from the playground where the accident had probably occurred, proved similarly infectious upon mice and other animals. Beumer has also found reason to believe that the tetanus of newly born children is due to a specific inoculation at the umbilicus by unclean hands or instruments.

A study of the foregoing investigations will show that the results agree so far as to demonstrate that a disease which bears a close resemblance to human tetanus, but differs from it in some, if not in all, cases by the direct relation of the seat of the initial muscular spasms to the point of infection, may be conveyed to various animals by the inoculation of material derived from the tissues of tetanic men, horses, and mules, and that the complaint so induced may usually be transmitted in series to other animals. It is, moreover, proved that a like sequence may follow inoculation with a micro-organism found in various soils. Outside this main coincidence, however it may be noticed that there are many discrepancies in the observations of the different experimenters, and that the want of concord extends to a material point in the research, the seat of the infective virus, as well as to other details of less moment. In the first place, it is seen that Ferrari, and more recently Hochsinger, obtained positive results from inoculation with the blood, while others found this medium ineffective; Carle and Rattone discovered an efficient vehicle in the contents of an acne pustule that may or may not have been the causative lesion in the attack of tetanus from which the patient died; Nicolaier was successful in the inoculation of nearly all the tissues of the animals infected with tetanus by cultures of the specific bacillus detected by him in the soil; Rosenbach, working in the same manner from a case of human tetanus, was able to reproduce the disease only with matter drawn from the neighbourhood of the wound or seat of inoculation—a method which failed in the hands of Hochsinger; Ballance and Lingard and Shakespeare communicated the affection through the medium of portions of medulla; and, lastly, Nocard was invariably unsuccessful with medulla inoculations, but, like Rosenbach, met with positive results in almost every instance in which he injected matters drawn from the wound. Further, it appears that while hypodermic injection of the virus was effectual in the hands of Nicolaier, Rosenbach, Giordano, Nocard, Hochsinger, and Beumer; Ballance and Lingard and Shakespeare were uniformly baffled in their attempts to convey the disease by this channel, but succeeded with subdural inoculation *à la* Pasteur. With regard to the nature of the virus, the principal observers accept the bacillus of Rosenbach; but Ferrari describes, in place of this, a staphylococcus found in the blood and cerebro-spinal fluid, and was able to induce tetanus in series by inoculations with the fluids containing this organism. The theory that the tetanic symptoms are immediately due to a ptomaine or ptomaines developed through the agency of the bacillus is sustained by the experiments of Rosenbach and his followers, and by the discoveries of Brieger; but the position of the tetanin, tetanotoxin, and other organic compounds isolated by the latter from a culture of Rosenbach's bacillus requires confirmation.

Despite the incompleteness of the chain of evidence, there can now be little doubt as to the infectivity of tetanus—a fact which opens up a wide field for speculation and research. What practical advantages will be drawn from our knowledge of the subject can only be surmised, and vaguely; but it must be confessed that for the present the new experience neither casts a satisfactory light upon the genesis of tetanus in man, nor opens up any clear prospect of prevention or cure of the disease. If, as Nicolaier believes, the germ is distributed far and wide in the earth of gardens, fields, and other localities, we should expect to find tetanus especially prevalent in the infected places, and that the cultivators of the soil would be far more liable to the disease than the rest of the community; we should, moreover, have reason to congratulate ourselves that the dry-earth treatment of wounds, which had a certain vogue some years ago, ended in nothing worse than oblivion: the cases of Hochsinger and Beumer, however, appear to support the view. If subdural inoculation of the virus be essential to the transfer of the complaint, we are of course safe; but if it were in any simpler way transmissible from man to man, or even from the domestic animals to man, by direct infection, abundant proofs of the fact should be forthcoming, since the occurrence of so terrible and characteristic a malady at or near the same time in two associated persons, or in a man and a horse that had been brought into close contact, would be so unlikely to escape notice that the absence of any history of such an event in the past justifies our belief that we have little or nothing to fear in this direction. We know, too, that tetanus is very common amongst horses, yet grooms and other stable attendants do not appear to suffer more than men of other callings, and, so far as our records extend, there has never been an instance of even suspected infection. We are, moreover, at a loss, upon the theory of a specific infection, to account for the onset of the disease in many of the examples that come under our notice, such as the so-called "idiopathic" forms without apparent wound, and those in which the symptoms arise after a contusion or burn, after an aseptic ovariotomy, as in Ferrari's example, or in association with a cerebral lesion due to syphilitic disease of the arteries of the brain, as in a case published by me in the Transactions of the Pathological Society for 1881. It is true that tetanus has been known to assume an epidemic form upon the battlefield and in crowded military hospitals; but here the conditions favourable to its development exist in a highly concentrated degree, and affect large numbers of people. In other words, the epidemic of tetanus may go with the epidemic of specially ill-disposed wounds; and it is hardly necessary to assume the intervention of an infective agency travelling from man to man or passing from a bacillus-laden soil. It is certain that, although tetanus may be induced by the inoculation of a specific micro-organism or of a specific ptomaine, its occurrence as the result of direct transmission from one subject to another has yet to be demonstrated by clinical experience.

With respect to treatment, the difficulty of utilising our recent knowledge again confronts us. In hydrophobia the researches of Pasteur at once suggested a plausible means of intercepting the evolution of the disease, but the conditions under which tetanus arises offer no such prospect. The bite of a presumably rabid dog may justify preventive inoculation, but the development of tetanus could scarcely be foreseen and forestalled in the same manner, for our first opportunity of treatment must follow the outbreak of the disease, and then it is too late to arrest the fatal progress by any means as yet within our ken. The limitless possibilities of the future may, however, include an antidote capable of destroying the poisonous agency before it has completed its work, and the truth-seeking labours of those who are investigating the pathology of the disease will assuredly place us in a better position for making so inestimable a discovery.

CASE OF CHRONIC PYÆMIA.[1]

BY H. H. CLUTTON, M.A., M.B., F.R.C.S.

THIS case, for want of a better name, has been called "chronic pyæmia," although such a term as "multiple purulent synovitis" would, I think, be more appropriate, for the latter does not commit us to any theory as to its causation.

F. C——, a boy aged eight years and a half, was admitted into the Victoria Hospital for Children on Oct. 16th, 1886, with the following history. For at least a year he had had a discharge from one or both ears, which had latterly become very profuse. For six weeks he had been very ill with what his doctor called "rheumatic fever." Abscesses had formed first below the chin and then near the right ankle and right wrist. Shortly afterwards numerous other joints became swollen and exceedingly painful.

On admission the abscess below the chin appeared to be a suppurating lymphatic gland, and it is noticeable that this was the first swelling which was detected, and might have been caused by the purulent discharge from the ears. Near the right ankle and extending up into the calf was a large abscess, from which the discharge was with difficulty

[1] Paper read at the Medical Society of London on Jan. 23rd, 1888.

escaping. The articulation was thought to be involved. Above the right wrist was a deep-seated abscess, with a superficial collection beneath the skin. This also appeared to be connected with the radio-carpal articulation. Both elbow joints were filled with pus, and from the right shoulder joint a large abscess had extended over the dorsum and the scapula. The right hip joint was also disorganised, with the head of the femur upon the dorsum ilii and a large collection of pus in the gluteal region.

On the following morning I was sent for by the house-surgeon, Dr. Turner, to examine the case. I found him in such a feeble condition that it seemed very doubtful if he would survive the prolonged operation that must necessarily ensue, if all these abscesses were opened and properly treated. However, as it was obviously hopeless to leave him in the condition in which we found him, I determined to do as much as possible under chloroform, and be guided by circumstances as time went on. Although it was Sunday, we were fortunate enough to obtain the services of Dr. Moline, who was at that time registrar, and to whom also I am indebted for many of these particulars. The boy took the chloroform exceedingly well, and we were able to open freely all the joints and apply the numerous dressings in about an hour and a half. The joints about which there could be no doubt were the right shoulder, the right hip, and both elbows, for the articulations were either seen or felt. The abscesses near the right ankle and right wrist were thought to involve their respective joints but there was no absolute demonstration of the fact. Attempts were made to replace the head of the femur in the acetabulum, but without success, and very little time could be spared for any prolonged efforts.

For a month or six weeks the boy remained in a very precarious condition, hovering between life and death; but his health slowly improved, the cavities contracted, and the discharge began to diminish. His capability for taking nourishment appeared unbounded, which, no doubt, in great measure accounts for his recovery. He never had any rigor, but his temperature varied in the first two weeks from 100° to 104°, during the third and fourth week from 99° to 103°, during the fifth and sixth from 98° to 102° (rising once to 103°), and during the seventh week from 99° to 104°—a temporary rise owing to some accidental reaccumulation of pus. After this the temperature varied from 97° to 100°, when all danger was at an end. The left elbow gave some continued trouble during the after-treatment from the suppuration extending in various directions amongst the muscles. This, no doubt, accounts for its present condition of ankylosis. A small piece of dead bone was also removed from the head of the femur some weeks after most of the other joints had healed, and then the sinus closed. The boy left the hospital in May, 1887, with all the wounds healed, in a fat and healthy condition, and with his joints in the following state, which may be verified by examination at the present time. The right wrist is scarcely altered from a healthy condition; the slight impairment in flexion and extension could be accounted for as well by an abscess amongst the tendons as by any suppuration in the articulation. The scar is situated in front of the wrist, just above the joint, and is obviously adherent to the flexor tendons. The right elbow is movable for about 45°. The left elbow is completely ankylosed. The numerous scars around the joint and in the upper part of the forearm show the severity of the extra-articular suppuration. The right shoulder is very freely movable considering the size of the abscess which was opened, and the large communication with the joint which was known to exist. The head of the humerus was felt at the operation to be uncovered over a large extent of its surface, so that the capsule must have been to some extent destroyed. There is some limitation in complete extension and rotation, and the movements are accompanied by a creaking sensation, but the joint is a very serviceable one for all ordinary purposes. The right ankle has a scar adherent to the deep tissues close to the joint line, but the ankle has its movements almost as free as those on the opposite side. The right hip is in an interesting condition. The head of the femur, from which a piece of necrosed bone has been removed, is above Nélaton's line, resting upon the upper and outer surface of the acetabulum. The limb is not inverted, as in the ordinary dorsal dislocation, but remains, when at rest, in the same position as the opposite leg. There is a considerable amount of movement at the hip, but the power of support is very materially diminished. Whilst waiting for a support he fell and broke the same femur, for which he was again admitted into the hospital. This may in part account for the present inability to stand alone on the leg. With a simple leather support round the thigh and pelvis he can walk very well, and in time I have no doubt he will be able to dispense with this assistance. The right leg was three-quarters of an inch shorter than the left before he fractured his femur, and I think there is the same difference at the present time.

The case is of interest, whether it be one of chronic pyæmia or not, for at the least four large joints had suppurated, and were freely opened. Recovery under such circumstances might well have been thought hopeless, considering that oftentimes the suppuration of *one* joint taxes the strength of a patient so severely as to lead to amputation. Another fact of importance is that all the joints are movable except the left elbow, in which the suppuration extended in various directions amongst the muscles around the articulation.

HYPERTROPHY OF THE PROSTATE, AND ITS RELIEF BY OPERATION.[1]

BY A. F. McGILL, F.R.C.S.,
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IT is well known that about 30 per cent. of all men above fifty-five years of age are suffering from enlargement of the prostate, but nothing like 30 per cent. of men of this age ever apply to a surgeon for assistance. It is true that many suffer more or less from symptoms which the surgeon would know pointed to prostatic hypertrophy, but these symptoms are not sufficiently severe to prompt the sufferer from them to seek for surgical relief. We must, then, look for some reason which will explain the difference between the two classes of cases, both suffering from prostatic hypertrophy, the one with and the other without symptoms. That this difference does not depend on mere size is a certain fact. I lately had under my care an old gentleman to whom I was called while he was suffering from retention of urine. I examined his prostate through the rectum, and found that it was immensely enlarged; the prostatic hypertrophy must obviously have existed for years, but I learned that he had only once before required surgical assistance, and that he had lived in a comfortable condition, with no well-marked urinary symptoms. This is only one case, but the same fact has been often observed, and I have no doubt that many of you can call to mind cases of a like character. On the other hand, we not unfrequently see patients suffering from prostatic retention in whom it is impossible to make out, by rectal examination, that the prostate is enlarged. Every symptom is present and we have no doubt of our diagnosis, and yet it is evident that there is no great hypertrophy of the gland. We may therefore conclude that symptoms are induced by enlargement of some particular part of the organ, and not by general prostatic hypertrophy.

There are three forms of enlarged prostate with which I am familiar which give rise to characteristic symptoms. These three forms have one common characteristic—they are all growths which protrude into the bladder cavity, and may consequently be described as vesical and not as perineal outgrowths. This, as we shall presently see, is a matter of great importance, as it teaches us that if we wish to perform any radical operation we must attack the prostate from within the bladder, and not from the outside by a perineal incision. The varieties are as follows:—1. A "uniform circular projection surrounding the internal orifice of the urethra." The enlargement thus described by Sir Benjamin Brodie does not seem to have been generally recognised. It is, however, frequently found when the prostate is examined through a supra-pubic wound in the bladder. A hard mass of variable size is felt surrounding the urethra like a collar, and projecting for a variable distance into the cavity of the bladder; about its centre the orifice of the urethra can be felt. This I believe to be far the commonest of the three forms of vesical prostate. It has been seen in four out of five cases examined in the Leeds Infirmary during the last few months. It is not

[1] A lecture delivered in the Leeds Post-graduate Course.

described in many modern works on the subject, probably because descriptions have been taken more from museum specimens than from examinations of the parts *in situ*. After the bladder has been removed from the body the prostate loses the support of its capsule and other fibrous tissues, and consequently the projection into the bladder cavity is to a great extent lost. 2. A sessile enlargement of the middle lobe, situated partly in the posterior half of the prostatic urethra and partly in the position of the uvula vesicæ. It is usually small in size. 3. A pedunculated enlargement of the middle lobe. The outgrowth springs from the prostate immediately behind the urethral orifice. It varies much in size, and the peduncle by which it is attached varies also. Indeed, no distinct line can be drawn between this variety and the preceding one, as the two forms gradually merge into one another.

These, then, being the chief varieties met with in patients suffering from symptoms of enlarged prostate, we will next discuss the mechanism by which the symptoms are induced. This inquiry will on the present occasion be confined to cases of the first class, in which a prostatic collar surrounds the internal urethral orifice. In enlargement of the middle lobe, it is obvious that the sessile variety acts mechanically by blocking up the posterior half of the prostatic urethra as well as the urethral orifice, while the pedunculated variety forms a valve which will be washed forwards by the stream of urine at every attempt to micturate, and by blocking up the opening prevent to a greater or less extent the passage of urine into the urethral canal. Taking, then, the case of a patient with a uniform circular growth projecting into the bladder and surrounding the urethra on all sides, we will consider what takes place when he attempts to expel urine. The bladder wall contracts, and its fluid contents are forced on to the outer surface of the projecting collar. The urethral orifice is thus closed, and no urine escapes. The more forcibly the bladder contracts, the less the likelihood of voiding urine. The collar acts as a circular valve, and the greater the pressure on its outer surface the more tightly is the canal passing through it closed. The action of the valve may be roughly compared to that of the mitral valve, which is firmly closed by the contraction of the ventricle forcing the blood back on to its outer surface. The patient, finding that he is unable to relieve himself, soon ceases his violent efforts, the pressure on the valve is immediately lessened, the urethra is able to open, and urine flows away in a feeble stream. If he attempt to expel it more quickly the outflow suddenly stops, and it is only after micturating two or three times that he obtains sufficient relief; even then, a certain amount of residual urine—a fertile source of danger—remains behind. The presence of residual urine and the consequent frequency of micturition may be explained by the fact that more violent contraction of the bladder wall is required to completely than to partially empty the bladder, and the more violent contraction compresses the valve and thus closes the urethra. This is, perhaps, a more plausible hypothesis than that usually advanced. It is stated that a pouch forms below the level of the urethra, which is elevated by the enlarged prostate. This is partially true, but it seems difficult to imagine that a pouch capable of containing six, ten, or twenty ounces can be formed in this manner.

If we trace the further progress of a case which is left to nature, and is not interfered with, we shall usually find that the condition of the patient slowly but steadily deteriorates. Micturition becomes more frequent, and the residual urine increases in quantity. The wall of the bladder, being called on for extra work, becomes thickened, and its muscular fibres hypertrophied, but this increases instead of diminishing the difficulties attending the act of micturition. At the time some slight cause inducing cystitis and causing tumefaction of the urethral orifice may give rise to an acute attack of retention. In any case, as time progresses the wall of the bladder undergoes a further change; the muscular fibres become separated from one another, and gradually waste; they lose to a great extent their power of contracting, and the condition known as atony supervenes. This condition is marked by a characteristic symptom—the involuntary passage of urine, or, as it is better termed, overflow. This symptom at first only occurs during the time that the patient is asleep; during the day it is prevented by constant watchfulness, but as the atony increases the expulsive power is almost lost, and a constant dribbling is the result. The atrophied wall of the bladder, when distended, cannot contract firmly enough to close the prostatic valve, and as urine accumulates the hydrostatic pressure increases, and it flows away through the patent urethra. These, then, are the mechanical changes which result from obstruction at the bladder neck—changes which may be explained by the presence of the valvular prostate which exists in a large proportion of the patients in whom these symptoms supervene.

[Having briefly discussed the changes which are induced in the bladder and kidneys by inflammatory action in these cases, and the usual treatment of prostatic hypertrophy, the lecturer proceeded as follows.]

We have thus seen that the orthodox treatment of enlarged prostate may be described in a few words. Teach the patient how to pass a soft catheter for himself, and let him pass it once or twice daily. When this treatment is successful nothing more is required. Many patients live for years, and, beyond the slight annoyance of the daily catheterism, have no further discomfort. But unfortunately this is not always so. The treatment not unfrequently breaks down. From some cause or other—perhaps from want of care in cleaning the catheter, and perhaps from some hidden cause which we are unable to ascertain—the urine becomes thick and offensive, intense desire to empty the bladder and inability to do so necessitate a more frequent catheterism, till rest is constantly disturbed and death is rendered imminent. In another class of patients the treatment cannot even be adopted. The patient, often belonging to the working class, has, from carelessness, procrastination, or inability to face the necessary expense, delayed seeking for surgical aid till his symptoms become urgent. He has retention of urine, is suffering from extreme pain, and must needs seek relief. The surgeon relieves him by passing a catheter, and, when the acute symptoms have subsided, attempts to teach him to pass one for himself. But he fails in this endeavour. Whether it be from innate clumsiness, natural timidity, or from the inherent difficulty of the case, the patient is unable to introduce the instrument, and treatment by self-catheterism cannot be adopted. It is under these circumstances that I advocate the trial of a new operation which I recently described in a paper read before the Clinical Society under the name of "supra-pubic prostatectomy."

The operation consists of two parts: (1) The opening and drainage of the bladder; and (2) the removal of the prostatic valve which prevents the egress of urine. By opening and draining the bladder, inflammation of that organ is immediately relieved; urine, if putrid and offensive, becomes in a few hours sweet and acid in reaction, and unless the kidneys are diseased, and in some cases even if this is the case, a speedy convalescence takes place. The only question to discuss in relation to this procedure is whether perineal or supra-pubic drainage is the more effectual. My own experience leads me to think that the latter is the preferable method, and that drainage is more complete when through the soft yielding tissues above than through the hard fibrous tissues below the pubic arch. The high incision has, moreover, this advantage—it enables a more thorough examination of the interior of the bladder to be made and the second step of the operation to be proceeded with. It is, I believe, absolutely impracticable to remove the collar-like valve which I have already described through a perineal wound.

The operation is performed as follows:—A full-sized silver catheter, curved according to the nature of the case, is passed into the bladder, its contained urine is withdrawn, and its cavity washed out with a warm saturated solution of boracic acid till this is returned clear and unchanged. In this way it is ensured that the wound to be made in the abdominal wall shall not be contaminated by septic urine. A pyriform rubber bag is now introduced into the rectum and filled with fourteen ounces of warm water. Boracic lotion is next injected through the catheter till the bladder can be distinguished as a hard oval swelling extending upwards towards the umbilicus. The quantity of fluid injected varies with each case, from eight to fourteen ounces being the usual quantity. The catheter is retained in the bladder, the fluid being prevented from escaping by forceps applied to compress the rubber tubing attached to it. The pubes having been shaved and the skin on the abdomen properly cleansed, an incision is made, three inches in length, extending upwards from the pubes in the middle line of the body. The linea alba is divided for the same distance. Without further dissection, by scraping with

the handle of the scalpel, the bladder is exposed, and an assistant by depressing the catheter makes it project into the wound. A tenaculum with a large curve is passed transversely into the bladder, touching as it goes the point of the catheter. A longitudinal incision is made from above downwards in the bladder wall, and the escape of its fluid contents is prevented by plugging the opening with the left forefinger. This being done, the bladder is seized with nibbed forceps, one applied on each side of the incision, the catheter is withdrawn from the urethra and the bag from the rectum, and the first part of the operation is complete. It is important to remember that it is not wise to cut down on the point of the catheter until the bladder has been fixed in position by the tenaculum. If this be done, the point of the catheter protrudes from the wound, the fluid escapes from the bladder, while the viscus itself sinks deep in the pelvis, from which it is only dragged with considerable difficulty. We now examine the interior of the bladder and its neck to ascertain the exact nature of the prostatic enlargement. It is possible that we may find a condition which does not permit further operative interference. My experience is not sufficiently large to enable me to say whether this will be often the case or not. My belief is that it will be extremely rare. If we are unable to do anything further, we must content ourselves with temporary or permanent drainage. We shall, however, in a large majority of cases find one of the three forms that have been already described, each of which is removable. A pedunculated middle lobe can obviously be removed with ease, its pedicle being divided with curved scissors. A sessile middle lobe can be removed in the same way, helping the scissors by tearing with forceps. The collar enlargement is removed with greater difficulty. It is, I think, advisable to divide it longitudinally by inserting one blade of the scissors into the urethral opening and dividing the portion above, and then passing the other blade into the same opening and dividing the portion below. We now have that part of the gland which projects into the bladder divided into two lateral halves; these can be removed separately by scissors curved on the flat,[2] or enucleated with the tip of the forefinger. Care must be taken not to leave any portion of the projecting valve untouched. When the operation is complete, whichever form of growth has been removed, it is advisable to see that the urethra is patent, and to pass the forefinger as far as the first joint into its canal. The hæmorrhage which occurs is not excessive; this is accounted for by the fact that the prostate is not a very vascular organ; the so-called prostatic hæmorrhage which occurs occasionally in operation on the perineum being derived from the prostatic plexus of veins, which cannot be wounded in the operation now being described. Such bleeding as occurs is speedily arrested by injecting a hot antiseptic solution. When this has been done, a large rubber tube is passed into the bladder and left out of the lower angle of the wound in the abdominal wall; this is partially closed by a point or two of suture, and a large pad of salicylic absorbent cotton-wool is applied as a dressing. The pad is renewed as often as it becomes saturated every three or four hours. The tube is removed at the end of forty-eight hours.

My experience of this operation is limited to three cases.[3] With the details of these cases I need not trouble you, as they have already been published. Suffice it to say that in each case before operation constant catheterism was required, and that in two of them the urine was purulent, alkaline, and fetid, while in one symptoms of uræmia and of surgical kidney were present; that they all made a quick and satisfactory recovery; and that they left the hospital in restored health, passing urine without the aid of a catheter in a natural manner. Two of the patients were operated on eight months ago, and neither have in any way deteriorated. It might be supposed that cicatricial contraction would occur at the seat of the operation wound, that the urethral orifice would become contracted, and that a stricture of the worst kind would result. In my cases this has not occurred; probably because, the contraction being eccentric in character, the urethral mucous membrane is pulled outwards, and thus the urethral orifice is rather enlarged than diminished.

[2] Weiss and Son have made for me some scissors which will, I think, be useful in this part of the operation.

[3] Since the above was written two other cases have been operated on, one successfully, while the other remains under treatment.

In conclusion, I would urge the advantages to be gained by comparatively early operation. If the bladder be atrophied and the kidneys diseased, we can only expect temporary relief; if, on the other hand, the bladder and kidneys are in a healthy condition, we may hope that prostatectomy will in many cases lead to a radical cure.

A FATAL CASE OF HÆMATINURIA.

BY H. T. GRIFFITHS, M.D., M.R.C.P.,
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J. W——, a sailor, aged thirty-six, was admitted into the Seamen's Hospital, under my care, on March 22nd last. His history was difficult to elicit, but he had been ill for two weeks with some cough, and for three days had had acute pain across the loins, passing "dark urine" for two days before admission. He had no previous recollection of such attack, had had no malarial affection, but had been exposed to severe cold just before coming to the hospital. He was dull and apathetic on admission, with a cold skin and feeble pulse, and rapidly passed into an unconscious state, dying within thirty-six hours. He only passed one sample of urine, which was acid, dark brown, sp. gr. 1014, containing one-half albumen, giving a good blood reaction to the usual tests, and exhibiting under the microscope a few blood-corpuscles, with many small round bright bodies and much granular débris, but no casts.

The necropsy, made twenty-eight hours after death, exhibited recent adhesions of the pleuræ, with much congestion of the lungs and accumulation of muco-purulent matter in the bronchi. Heart not enlarged, and apparently healthy, as were the liver, spleen, and other organs. The kidneys were large; capsules non-adherent; their substance was pale and smooth, and on section appeared unusually homogeneous, the medulla and cortex being of a pale purplish-red colour; the organ, though simply removed from the body, looked as if it had been macerated in water for one or two days.

Dr. Sheridan Delépine kindly made the following microscopical report:—"The capsule is thick and dense, and shows a tendency to be laminated; it is slightly connected with the substance proper of the kidney, and in some places extensive slits exist, as if fluid had accumulated between the surface of the cortex and the deep aspect of the capsule, something like subcapsular lymph spaces. In one or two places, corresponding to the inter-tubular regions, there is a slight increase of interstitial connective tissue under the capsule. The connective tissue round the large branches of the renal artery shows fibrillation of the bundles more distinctly than usual, as if the tissue had been macerated; in some places the lymphatic spaces seem to be filled with some homogeneous material. In a number of small vessels leucocytes are more abundant than usual, and some are pigmented. Several of the large vessels situated between the bases of the Malpighian pyramids, some of the arterial arches of the boundary layer, and some inter-lobular arteries are almost entirely filled up with a transparent colloid material, staining badly with ordinary reagents. In the midst of that colloid-looking material altered red blood-corpuscles, leucocytes, and endothelial scales are found; in addition to these, much granular débris is to be seen in some vessels. Some of the inter-lobular arteries are also almost entirely obstructed by desquamated endothelium. The capillaries of the Malpighian glomeruli are much congested, and there is a decided increase of nuclei among them. The inter-lobular capillaries are in places much distended with blood, but in a few instances the blood-corpuscles, instead of being distinct, are replaced by the hyaline material already described as filling up many arteries; in other regions the blood found in the vessels is poor in red blood-corpuscles and rich in leucocytes. Pigmented granules are frequent, and the capsule of many Malpighian bodies is thickened. The epithelial cells of the convoluted tubules are evidently proliferating in several places; some are swollen, and among these many seem to be in a state of mucous or fatty degeneration; they take staining badly. Pigment is found in some of these tubules, but it is more abundant in the straight tubules, several of which are occluded by it, and desquamated epithelium."

Thus, from the microscopic examination it would appear

that a disintegrative process was going on *in the renal vessels*, and probably in the vessels of other organs, as evidenced by the state of the blood in some of the larger vessels; that this disintegrative process led to destruction of several vessels, and alteration of structure of their walls. As Dr. Delépine says, all these things would account for exudation of modified blood and stained plasma; the presence of pigment in the tubules, in which no blood-corpuscles can be discovered (notwithstanding there being corpuscles quite distinct in neighbouring capillaries), shows that the corpuscles are not destroyed *in* the tubules, that statement not being invalidated by a few accidental hæmorrhages.

The disease has been so well described in all its bearings by Lichtheim, Bollinger, Ehrlich, Bras, Mackenzie, Franz, Dickinson, and others, that recapitulation is uncalled for. But fatal cases are rare—so rare that Van Rossem had not a fatal case in his thirty-one cases, and considers that the intermittent form "may not seriously affect the patient's health"—a fact which must be borne out by everyone's experience. Mackenzie, insisting that the red blood-corpuscles do not pass through the renal vessels, says that, "owing to an independent paralysis of vaso-constrictor nerves, the blood is driven suddenly and with great force into the glomeruli; that the capillaries of the latter did not give way is evidenced by the non-appearance of blood discs in the urine." Murri reported a fatal case of hæmatinuria—though of the intermittent variety—in which there were tubercles in the kidneys, with swelling of the cortical tubal epithelium and pigment in the cortical tubes. Dickinson's cases throw no light on the pathology of hæmatinuria, his cases exhibitihg extravasations of blood and much congestion; one case, however, besides tubal and interstitial nephritis, exhibiting much pigmentary deposit in the spleen. I am inclined to refer the present case to exposure to cold in a man who was possibly a drunkard, and had bronchitis, the extreme blood change occurring at the period of lowest vitality; and I only wonder that such cases are not more frequent. I have retained the title "hæmatinuria" as being the one best known, though hæmatin has a definite spectrum which is unobtainable from the urine of such cases, which would be more accurately known as cases of hæmoglobinuria.

ON THE USE OF THE

HYDROBROMATE OF HYOSCINE IN THE TREATMENT OF RECURRENT AND ACUTE MANIA.

BY GEORGE THOMPSON, M.D.,
MEDICAL SUPERINTENDENT OF THE BRISTOL ASYLUM.

MY attention was first drawn to this drug by an annotation which appeared in THE LANCET of March 21st, 1885. Later, I received a copy of the twenty-eighth report of the Asylum for Nova Scotia, at Halifax, N.S., in which Dr. Alex. P. Reid praised the drug as an excellent hypnotic. More recently an article headed "Hydrobromate of Hyoscine, its Use in Cases of Insanity," by Drs. Peterson and Langdon, appeared in the *New York Medical Record*. Messrs. Ferris of Bristol, the well-known chemists, prepared at my suggestion a solution containing a grain in 400 minims. I fixed upon this strength, so that in the event of a moderate quantity being given in mistake for the same of a solution of morphia no particular harm would be done. The dose of this solution is from two mimins (1-200th of a grain) to four minims (1-100th of a grain). As much as six minims have been given, but the patient is made so "drunk" that the smaller doses are preferred. My colleagues and I have used the new drug in many cases, but we find that while on all occasions it acts as a certain hypnotic, it is of most uss in cases of chronic, and recurrently chronic, mania. The effect on the sexes is about the same. There is marked sluggishness of all motor functions, with depression of reflex activity, and dizziness, dimness of vision, an ataxic gait, and dryness of the mouth and fauces. All these symptoms are but faintly seen when only a proper medicinal dose has been given. The drug has been used here, as I have said, in very many cases, and I can say that on no occasion have we failed to produce the desired effect. The patient is quietened and falls asleep, but the sleep is not very deep of its kind, and at any stage there is no difficulty in rousing the patient to the fullest extent of wakefulness, though he soon falls asleep again. In acute mania, where much restlessness and tendency to knocking about are the chief symptoms, it acts most beneficially. The patient comes to his senses and rests quietly, and so time is gained and exhaustion avoided. I give below, at random, three typical cases, for the notes of which I am indebted to my colleagues, Drs. Benham and Cameron.

CASE 1.—Henry M——, aged fifty-one, admitted in 1882. He was then a chronic maniac, and for years had been in a private asylum. He was wild, noisy, restless, and destructive. Until 1886 he remained much in that state, with occasional periods of comparative quietness, but he never was free from some excitement. In August of that year the hyoscine was tried; 1-200th of a grain rendered him much quieter, and he slept well all night, while previously he had hardly ever slept, and, instead of spending his days in restless gesticulation, he became more orderly, and occasionally employed himself. Since he relapsed he has had many such attacks, which, however, are cut short by two or three injections, instead of lasting three months at a stretch, as before.

CASE 2.—Emma E. H——, aged forty-six, admitted in 1882. She has marked symptoms of hereditary syphilis, "Hutchinson's" teeth, is nearly blind from chronic keratitis, and stone deaf. From the time of her admission until August, 1886, her life was one of continual excitement. She fought, scratched, bit, and tore her clothes. She had to be forcibly fed. Seeing the usual struggle to give her her dinner, I gave her three minims of the solution of hyoscine. She soon fell asleep, but was easily aroused and then fell asleep again, and at tea-time took the first meal voluntarily since her admission. She occasionally lapses into a similar condition, but a single dose of the drug makes her comfortable once more.

CASE 3.—Fred. G. L——, a barber, aged thirty-six, whose brother, an epileptic, is now, and whose father, also an epileptic, was, an inmate of this asylum. With this strong taint the patient escaped any symptom of insanity until very recently, when, in shaving a "customer," he made menacing remarks which caused his client some alarm. After a few days of dangerous excitement he was brought to the asylum. There is a history of "fits" in his case, but since his admission on Nov. 5th last none have occurred. He has been in a state of "uncertain" restlessness, and has indulged in tricks, such as the setting of a rolled sheet between the door and the frame, and so forcing the door off its hinges. He passed many restless and sleepless nights, until he was put on 1-200th of a grain of the hyoscine twice a day, since which date he has not indulged in his disagreeable pranks, and has slept well.

We find, then, that in mania of any form the hydrobromate of hyoscine is the best calmative which has yet come to our notice. In some cases of general paralysis attended by busy restlessness, with dry skin and some suppression of urine, a small dose puts the patient in a much more comfortable state. In fact, in any sort of mania which appears to be accompanied by some form of cerebral "disorganisation," as in old age, the patient is much improved by the treatment. Should the drug in other hands prove to be an anodyne without being accompanied by much stupor, as I believe it will, it will be an invaluable addition to the materia medica.

A CORONER'S ANNUAL REPORT.—From the annual statistical report just issued by Dr. Diplock, coroner for West Middlesex, it appears that during the year 1887 the number of cases reported in the western division of Middlesex was 1106. In 299 of these inquests were not deemed necessary, and the number of inquests actually held was thus 807, which are classified as follows:—On persons under one year, 229; above one year and under sixteen years of age, 135; above that age, 443. The verdicts were:—Murder, 4; manslaughter, 2; suicide (36 males and 8 females), 44; violent deaths (accidental), 280; and from other causes 477. Last year there was a marked decrease in the number of suicides. The population of the forty-nine parishes which comprise the western division of Middlesex is now computed to be about 640,000.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

INSTILLATION OF NITRATE OF SILVER INTO THE EAR.

BY F. W. BENNETT, M.D. LOND.

THE following case may be of interest on account of the unpleasant results occurring in consequence of the instillation of a solution of nitrate of silver into the ear. On referring to the best text-books on aural surgery, I find few words of caution with regard to its use; indeed, it is generally spoken of as being almost painless in its action.

Mr. F—— consulted me in January, 1887. The right ear was the seat of acute inflammation, which rapidly recovered. The left ear was the seat of perforation of two years' duration. The posterior inferior segment had disappeared together with about half of the long process of the malleus. The membrane of the tympanic cavity was swollen and granular in appearance. I advised the use of solutions of zinc sulphate. Under this local treatment the hearing steadily improved, but the discharge did not stop. After trying other methods of treatment, I dropped into the ear a few drops of a warm 20 per cent. solution of nitrate of silver. Immediately there was intense pain. I lost no time in syringing the ear, but without relieving the pain. The patient suffered extremely for three days, in spite of instillations of cocaine, the insertion of ear cones of gelatine containing morphia, and the hypodermic injection of morphia on the second night. On the third day there was absolute deafness, even when the tuning fork was applied to the skull. The patient complained also of frequent transient attacks of giddiness. In consequence, I advised the use of leeches to the ear, and prescribed a mixture containing iodide of potassium. The pain now ceased, but for several days the hearing was almost *nil*, and the discharge continued as before. Two months later the patient consulted me again, and under the use of powdered alum the discharge rapidly stopped, the hearing improving considerably, and the hearing distance for the watch becoming $\frac{2}{10}$ in.

COMPLETE RUPTURE OF THE PERINEUM.

BY C. O. BIRCH, L.R.C.P. Lond., &c.

MRS. E——, aged thirty-nine years, primipara, a thin, smally made, delicate little woman, with some contraction of the brim of the pelvis, was taken in labour at 3 A.M. on Nov. 23rd, 1887. On my arrival at 8 A.M., I found the os fully dilated and the head engaging the brim in the first position. The pains were frequent and forcing, but there was no progress. Hour after hour went on and the pains became few and far between. At 7 P.M. she was becoming gradually exhausted, so I decided to use forceps. The head being somewhat large, there was a little difficulty in bringing it through the brim, but very shortly after it had passed the brim labour pains came on with renewed vigour, and the remaining portion of labour was very precipitate. Every means was used to relax the perineum, which was very rigid, without effect. The head shot through, and the perineal structures gave way back to the rectum, rupturing that organ to the extent of two or three inches. The immediate operation for the restoration of the perineum was resorted to, the wound was cleansed, and the vagina washed out with a permanganate solution. The edges of the rectum were brought together with five fine carbolised catgut sutures, and four sutures were placed in the perineum. The perineal wound was dressed with lint soaked in carbolic oil (1 in 40), and the patient kept strictly on her side with knees tied for five or six days. The urine was drawn off twice in the twenty-four hours, dressings changed, and vaginal injection used. The bowels were kept from acting by a light diet of milk and beef-tea, with a one-grain opium pill every four hours. On the ninth day the patient had a natural action of the bowels, without the aid of an enema. There was no smell or signs of fæcal matter in the vaginal discharge from the first. On the twelfth day, the perineum and wound in the rectum being quite sound, the patient was allowed to get up for a few hours. She has now, three weeks after the operation, an evacuation of the bowels nearly every day, and has perfect control over an ordinary motion.

The successful result of this case may certainly be put down to the small amount of bruising of the parts, to the immediate operation for the repair of the perineum, and also to the strict cleanliness and care the patient had.

FIBROID OF THE UTERUS; HYSTERECTOMY; RECOVERY.

BY JAMES OLIVER, M.D., F.R.S. EDIN.

F. H——, aged thirty-six, single, was admitted into the Hospital for Women, having been sent by Dr. Cresswell of Broadstairs. The patient complained of a swelling of the "stomach," occupying more especially the left side, which had been noticed for three years, but which apparently had increased but little until three months ago. She experienced pain close to the left groin of a cutting character, but none in the leg. Menstruation was established at the age of fifteen, and generally lasted four days. During the last six years the amount of the periodic discharge had gradually augmented. For the last three years it had been profuse, and large clots had been expelled. The inter-menstrual period was fourteen days. There was no bladder symptom. On examination, the abdomen was found to be occupied by a hard irregular tumour, somewhat median, reaching to the umbilicus. It extended more especially towards the left flank. It measured vertically six inches and a half, and transversely nine inches. On Sept. 6th, 1887, I opened the abdominal cavity by an incision long enough to allow of extrusion of the uterus in a state of fibroid change with its many outgrowths. The serre-nœud was applied, and the growth amputated in the usual way. The pedicle was extra-peritoneal. Much dragging pain was experienced during the four days following the operation, and this proved a troublesome symptom. The serre-nœud was removed on the 19th, and the wound rapidly healed thereafter. The patient left the hospital on Oct. 22nd, and travelled home to Margate, feeling perfectly well. The temperature on Sept. 10th and 11th reached 100·6° F. because of cystitis; otherwise the temperature and pulse were, so to speak, normal. On Jan. 1st I saw the patient again, and the vaginal examination then revealed the cervix in its wonted position. She is now able to do her usual work—that of domestic duties—with ease and comfort, feeling perfectly well. The operation was performed on Sept. 6th, and the patient was discharged from hospital forty-six days afterwards, with the wound perfectly healed, and without manifesting any trace of the pedicle.

FIBROID OF UTERUS, WITH LABOUR AT TERM.

BY RICHARD LAKE, L.R.C.P.L., &c.

THE child in this case was born before my arrival, and the labour appeared to have been of short duration, and had no untoward features. On palpating the abdomen, the uterus presented the appearance of containing another body, being about the size of one at the fifth month, and hard: vaginal examination, however, revealed a great thickening in the right side of the uterine wall; the examining finger passing with difficulty round a distinct corner, the lower edge of a large intramural fibroid, which prevented the proper contraction of the uterus. The size of the tumour was about three inches and a half in diameter, and two inches in thickness. As the patient's mother warned me that there had been flooding in two previous cases, ergotine was administered after completion of the third stage of labour, when what hæmorrhage there had been ceased, and the uterus contracted, lying high out of the pelvis, and feeling about three times its right size after delivery. The abdomen had been rather tender during labour, and prior to this the patient had drawn her mother's attention to two "lumps," which she supposed represented the heads of twins; the upper one was presumably the tumour. Ten days later the tumour was scarcely to be felt. The patient has made an uninterrupted recovery.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

SEAMEN'S HOSPITAL, GREENWICH.

MEDICAL CASES OF INTEREST.

(Under the care of Dr. H. T. GRIFFITHS.)

THE first of the cases which are recorded by Dr. Griffiths is interesting, not only from a pathological but also from a medico-legal aspect. Cases have been known of rupture of tropical abscess of the liver during a wrestling bout, but we do not recollect any of rupture of gumma in this situation from external violence. The second is another proof of the infectiousness of typhoid fever. We refer our readers to the account of the case, and to the remarks upon it.

CASE 1.—*Rupture of gumma in the liver; necropsy.*—S. B——, a sailor, aged twenty, had been ashore at Patras nineteen days before admission. He had partaken freely of the raw spirit sold along the coast, and fell into a state of drunken insensibility, in which he was hauled on board by a rope passed round his waist. On recovering from the effects of drink, he had acute abdominal pain, with much swelling and some vomiting. Since that time he had been unable to do any work, and had suffered from abdominal pain, with occasional vomiting, constipation, and slight jaundice. On admission, he presented a distended abdomen, with evidence of fluid, a light tint of jaundice, coated tongue, feeble pulse of 92, and a subnormal temperature of 97°; he had an anxious expression, was emaciated and somewhat collapsed, his urine being lithatic and bile-stained, but non-albuminous. He was injected with one-third of a grain of morphia, given some brandy, with hot fomentations to the abdomen and feet. He became less depressed, and was able to sleep, and next day, when seen by the house physician, his condition was that of comparative ease. When seen by me, the abdominal cavity was aspirated, and 6 pts. 16 oz. of a dark-brown, alkaline, non-offensive, bile-stained fluid was drawn off. He was relieved for a time, but sank shortly afterwards, the temperature remaining always subnormal, no vomiting or pain being noticed in the last twenty-four hours.

Necropsy.—Emaciation marked; a light shade of jaundice apparent throughout. Heart thin-walled, valves healthy; and, with the exception of congestion at the bases of the lungs, nothing abnormal was seen in the thorax. The abdominal cavity contained a few ounces of a dark, bile-stained fluid, the intestines were covered with recent lymph, and there was general and extensive peritonitis. The liver was large and congested, and presented on the upper surface of the right lobe a large superficial gumma, the size of a walnut, being situated one inch from the anterior margin of the organ; the capsular covering had given way over the gumma, which showed deep bile-staining, with partial disintegration of its surface. The spleen was enlarged and soft, the kidneys deeply congested, but there was no evidence of syphilitic deposit in any viscus, or on any part of the body.

Remarks.—Ruptures of gummata are but rarely met with, few being placed so favourably as in the liver, and then, though nearly always in the right lobe, are generally found towards its posterior aspect. Had the gumma been in the posterior position the patient might have escaped injury, but the haul rope in this case pressed directly on the edge of the enlarged organ. Had the injury also occurred on land, and near a hospital the issue might have been different. As it was he survived the injury and consequent shock twenty-four days.

CASE 2. *Infective case of enteric fever.*—W. D——, a young sailor, was admitted on the fifteenth day with well-marked symptoms of enteric fever which he had contracted when on shore at Maiori in Italy. He had had much diarrhœa, and presented on admission three or four dozen spots on the abdomen, nearly all of the typical appearance. He did well, his temperature falling to the normal on the twenty-ninth day, but, a slight relapse occurring, convalescence dated from the thirty-sixth day. He was delirious at first, and his disease, of the asthenic type, required fairly free stimulation. No complications occurred; ankle clonus was obtained on the thirty-sixth day, and lasted eight days.

Remarks.—This was an ordinary instance of a severe attack occurring in a young man, ending in recovery, as it should—our average mortality being under 3 per cent. But during the period of the acme of his disease he was nursed by a small, rather frail-looking young nurse, who presented (at the period of his convalescence) well-marked symptoms, and died. She had been assisted, though only once, by a stranger—a niece of one of the nursing sisters; and this young girl expressed her dismay at the case, going only once into the ward, but having assisted when the linen was changed. She developed enteric fever at Newmarket within twelve days, and for two days her life was in grave danger. Another case occurred in the person of a sailor, about thirty-five years of age, a convalescent from rheumatism; he was employed in bringing cups &c. into the ward, and had in that way been brought in contact with the first patient. He developed rheumatic pains, followed by much fever, and though there was no diarrhœa there was no possibility of its being anything else than enteric. There was no drain trouble at the time; no patients had diarrhœa; and though it is *possible* that the three later cases may have contracted the disease from independent causes, yet they group together in my mind as cases of enteric derived from the first patient.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

IMPASSABLE STRICTURE OF THE URETHRA; SUPRA-PUBIC ASPIRATION, FOLLOWED BY TAPPING PER RECTUM OF THE BLADDER; AFTERWARDS PASSAGE INTO BLADDER OF A FILIFORM BOUGIE; FINALLY, COMPLETE DILATATION OF STRICTURE.

(Under the care of Mr. VINCENT JACKSON.)

T. W——, aged forty-seven, was admitted on Dec. 9th, 1887, suffering from partial retention, accompanied by dribbling, of urine. He had had urinary difficulty for at least seven years, and on more than one occasion his very tight stricture, situated four inches and a half from the meatus urinarius, had been dilated. He had been taught how to maintain it so by the frequent use of a soft catheter of large size. Apparently the stricture dated back to a gonorrhœal inflammation of the urethra never completely cured.

Each day after admission attempts were made, without success, to enter the stricture. On Dec. 19th, complete retention having occurred, relief was attained by aspirating the bladder above the pubes. On the 20th the operation of aspiration was repeated. On the 21st, the bladder having again filled and the stricture being still impassable, relief to the very urgent symptoms was obtained by puncturing per rectum; the cannula, having been fixed in its position by the use of Mr. Cock's instrument, was left in the bladder. On the 28th a very fine soft bougie was with difficulty insinuated into the stricture, through it, and on into the bladder, being retained there by tying in. On the 30th, after the small soft bougie had been removed, a No. 4 English elastic catheter was passed into the bladder and there kept by the usual method. The soft catheter was removed on the 31st, and a No. 3 English (old scale) substituted. The cannula, one end of which had been retained within the bladder for a period of ten days, was removed. From this date gradual dilatation of the stricture was continued until a No. 24 French catheter was easily passed by Mr. Gough, the house surgeon, and the patient himself. On Jan. 14th the patient was discharged.

Remarks by Mr. VINCENT JACKSON.—This case is recorded as an illustration of a series of troubles which until they are combated are perilous to the patient and teazing to the most adept surgeon. Instrumentally, without doubt the stricture was from the period of the patient's admission completely impassable, although urine was squeezed through it up to the period of the first aspiration. Personally, I am not an advocate for the employment of aspiration for the relief of retention under the conditions in which we are at present considering its

existence; but in the older operation of puncturing the bladder through the rectum I have the greatest confidence; the relief afforded by the former procedure is only tentative, and unless the cause of the obstruction is overcome, its necessitated frequent repetition must certainly have a more or less baneful physical effect; whereas the latter operation is directly and permanently salutary, and the possibility of a recto-vesical fistula being established is in my experience a mere bugbear, an assertion of mere theoretical manufacture, the practical proof of which is wanting.

GLASGOW ROYAL INFIRMARY.

WOUND OF THE POSTERIOR TIBIAL ARTERY; LIGATION OF VESSEL; RECOVERY.

(Under the care of Dr. JAMES WHITSON.)

DUNCAN R——, aged fifty-six, calico printer, was admitted to Ward 29 on the morning of July 9th, 1887, in consequence of an incised wound about an inch in length on the inner aspect of the middle third of the right leg, and which had been accidentally caused by a sharp knife while at work. Copious hæmorrhage followed the reception of the injury, and after some delay an elastic rod was placed above the knee by an ambulance detachment to prevent further loss of blood during the subsequent journey to the hospital, the scene of the accident being several miles from the town. Dr. Whitelocke, the house-surgeon, when called to attend to the case, found the patient faint and weak, and complaining greatly of the pain produced by the presence of the elastic rod, which had been tightly compressing the limb for nearly a couple of hours. He therefore at once relieved the sufferer as far as he could by substituting an elastic bandage, and during the brief interval which elapsed in exchanging tourniquets it was evident from the amount of bleeding which ensued that the posterior tibial artery had either undergone a partial severance or been cut across. The knife, too, had penetrated to a considerable depth, for on making an examination of the wound the finger could follow the track made by the blade almost to the outer side of the limb.

In such a case, involving an important arterial branch, it was clear there was only one course to pursue—to cut down on and secure the bleeding points, and with this end in view the primary incision was enlarged to the extent of two inches and a half. The soleus muscle at its attachment to the border of the tibia was divided, and the inter-muscular space reached. On separating the muscles the artery was seen lying in the deep part of the wound with the nerve beside it, and when fairly exposed it was found that a slit of some size had been made in its wall, while an inspection of the venæ comites revealed the fact that they were similarly affected. Under these circumstances the artery was gradually separated from its attachments, and when sufficiently isolated a catgut ligature was applied above and below the seat of lesion, after which complete division of the parietes of the vessel at the injured point was effected with a pair of scissors. The veins were next dealt with in like manner. The elastic bandage having been removed, a number of sprouting twigs were secured, and when all hæmorrhage had ceased, with the exception of a little capillary oozing, a couple of decalcified drainage tubes were inserted at either end of the wound, and the fibres of the soleus approximated by means of a purse-string suture of catgut. Finally, the edges of the skin were brought together with stitches of the same material, and the whole dressed in the usual antiseptic fashion.

The wound was not looked at till ten days after the operation, when it was found to be healing satisfactorily, and though the patient was much depleted at the time of the accident he ultimately made an excellent recovery, and was dismissed well on Sept. 7th. I have since heard that he now suffers no inconvenience from the ligation of the posterior tibial artery, and is able to follow his usual avocation as successfully as ever.

MR. J. A. CROWE, Her Majesty's Commercial Attaché for Europe, reports to the Board of Trade that the French Legislature has recently passed a law enacting that a prize will be given to the discoverer of a simple and practical test to ascertain the presence in spirits and alcoholic drinks of substances other than pure and ethylic alcohols. The conditions under which the award is to be made will be determined by the Academy of Sciences of the French Institute.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

"Idiopathic Dilatation of the Colon."—Embolism of Right Axillary Artery.—Tricuspid and Mitral Stenosis.—Heart Disease of prolonged duration.

AN ordinary meeting of this Society was held on the 27th ult., Dr. W. H. Broadbent, F.R.C.P., President, in the chair.

Dr. ANGEL MONEY and Mr. S. PAGET contributed a paper on a case of so-called "Idiopathic Dilatation of the Colon." Mr. M——, aged fifty-five, an habitual drunkard, suffered from enormous distension of the colon, with dyspnœa and bronchitis; the girth was over sixty inches, and the measure from the ensiform cartilage to the pubes twenty-six inches. There was albuminuria. He was treated first by Mr. Paget at St. Thomas's Home by repeated punctures. These gave great relief; he improved so much that he refused further treatment, and returned to his drunken habits. He was admitted into University College Hospital a week later, under Dr. Angel Money, with the same enormous distension, lividity, and dyspnœa. He was much relieved with the long rectal tube, but sank and died a week after admission. At the necropsy all the signs of habitual drunkenness were found, including typical "hobnail" liver. There was enormous distension of the colon, principally of the sigmoid flexure, which formed two huge sacs extending right across the abdominal cavity. There was no organic stricture. Dr. Money thought that a potential twist of the sigmoid flexure or a spasmodic stricture may have been present; or else that some morbid state of the blood or nerves, or the mere presence of an excess of gas, may have started the disease. The bowel was hypertrophied as well as dilated. He refers to Dr. Gee's paper in the St. Bartholomew's Hospital Reports, and to Dr. Goodhart's case (Clin. Soc. Trans., vol. xiv.)—Dr. HADDEN inquired whether there had been habitual constipation. He referred to cases published by Drs. Bristowe and Peacock, and related two cases which he had observed himself. The first occurred in a girl, aged seventeen, who had severe abdominal pain and constipation of ten days' duration, unrelieved by purgatives. Abdominal section was performed, but no obstruction discovered. The sigmoid flexure was enormously distended, measuring twelve inches in circumference at the necropsy. In this case there had not been a history of chronic constipation. In the case of a female, aged thirty, suffering from mucous discharge, the sigmoid flexure was greatly distended with fæces. Although the patient complained of diarrhœa, yet no fæces but only alime was passed. She recovered under treatment.—Sir DYCE DUCKWORTH mentioned a case of enormously distended cæcum, causing tympanites and constipation; the rest of the alimentary tract was normal.—Dr. EWART inquired whether the omentum was adherent or displaced into a hernial sac, or in any way abnormal, for he believed that the omentum was answerable for many cases of dilated colon. The colon was distorted by traction or adhesion, and a valve-like obstruction thereby formed. As a physical property a small volume of gas rapidly generated assumed a large volume very quickly, owing to the development of heat.—Dr. PEARSE considered that imperfect digestion was the first step leading to the evolution of gases, and this stimulated the bowel to hypertrophy, and also caused dilatation by distension.—Dr. A. MORISON advised a not too ready resort to a diagnosis of idiopathic dilatation. He mentioned a case of intestinal obstruction in a gentleman, treated as one of idiopathic dilatation of the colon by opium and belladonna fomentations, and by injections. This turned out to be a case of transverse stricture high up in the rectum, and perfectly relievable by colotomy.—Dr. KINGSTON FOWLER inquired whether the meso-colon of the sigmoid flexure was unusually long in the case narrated. Such a condition might cause a valve-like obstruction.—Dr. BROADBENT referred to the congenital elongation of the sigmoid flexure as a cause of hypertrophy and dilatation of the colon. He mentioned a case of enormous dilatation of the transverse colon, with chronic constipation, and this was treated successfully by giving enemata, the patient resting on his elbows and knees.—Mr. STEPHEN PAGET, in reply to Dr. Broadbent,

said that the punctures were not made in the mesial line, but at the most prominent and tympanitic parts of the distended abdomen.—Dr. BERNARD O'CONNOR referred to cases of constipation occurring at the middle period of life, and due to the abuse of mineral waters.—Dr. ANGEL MONEY, in reply, said that the omentum was in a state of chronic cirrhosis, but not adherent or displaced into a hernia, so as to favour Dr. Ewart's view. The meso-colon was not unnaturally long. The man, being so delirious, gave no reliable information about the previous state of his bowels. Professor Hirschsprung, in the *Archiv für Kinderheilkunde*, has an interesting communication on the subject in the newborn.

Dr. BURNEY YEO related a case of Embolism of Right Axillary Artery connected with Mitral Stenosis; gangrene of forearm; amputation; subsequent embolic pleuropneumonia, and death. A woman was admitted under his care into King's College Hospital in December, 1886, with great pain and loss of power in the right hand and arms, which came on suddenly, accompanied with giddiness. The fingers, hand, and forearm on the right side rapidly became white, and motion and sensation were completely lost. She had had acute rheumatism, and suffered from dyspnœa on exertion. No pulsation could be felt in the radial, ulnar, or brachial arteries in the right side; pulsation could, however, be felt in the subclavian. Cardiac action was rapid and irregular, impulse and sounds very feeble. The patient also suffered from cough, dyspnœa, and great restlessness. In a few days the forearm became blue and mottled (subsequently black), and dry gangrene set in. Opium was given to allay the severe pain and restlessness, and iron, quinine, and digitalis to improve the cardiac tone. As the ventricular contractions improved in force and regularity, a distinct though feeble murmur could be detected, which appeared to precede the impulse. After consultation with Sir Joseph Lister, it was determined, as soon as the cardiac tone had sufficiently improved from the administration of digitalis, to amputate. This was done about the middle of the upper half by Sir Joseph Lister, under chloroform, on Jan. 14th. The patient recovered well from the operation, but two days afterwards pneumonia with pleuritic exudation occurred in the right side, and she died somewhat suddenly on the 19th. The post-mortem examination showed considerable constriction of the mitral valve, and a large, old, and firm clot in the left auricular appendage, from which, no doubt, the embolus in the axillary artery proceeded. Hæmorrhagic infarctions were found in the right lung, and considerable effusion of serous fluid and lymph in the pleural cavity and on the surface of the lung. The kidneys also contained old, small, white infarctions. Examination of the stump showed the primary clot to be situated just at the beginning of the axillary artery. Dr. Yeo added some comments on this case and its management.

Sir DYCE DUCKWORTH read a case of Tricuspid and Mitral Stenosis in which physical signs of pulmonary arterial reflux were present. M. S——, aged twenty-three, a married woman, without family, was admitted into St. Bartholomew's Hospital in May, 1887, suffering from general dropsy and dyspnœa. The patient had had scarlet fever in early life. No history of rheumatism or chorea. Had suffered from dyspnœa from the age of fourteen, and been worse for the last twelve months. Dropsy set in in the legs three months previously, and then became general. On admission she was very dusky and bloated. Pulse 128, barely perceptible. Cardiac impulse diffused, apex beat outside left nipple-line. Presystolic thrill over left ventricle. Extended area of cardiac dulness in all directions. At apex presystolic murmur, followed by systolic one. Systolic murmur over right ventricle, and accentuation of second pulmonary sound. Liver enlarged, and felt to within two inches of umbilicus. Dulness at base of both lungs, and crepitation. Urine scanty and one-fourth albuminous. Legs much swelled, dusky, and purpuric. She was treated with digitalis and nitrous ether, and two ounces of brandy. Compound jalap powder was occasionally given. Improvement set in after a few days, and the pulse fell to 88. The albumen greatly diminished in the urine. Later on a regurgitant murmur was heard in the area of the pulmonary artery. A second point of presystolic thrill was detected over the right ventricle, and a presystolic murmur was faintly heard in the tricuspid area. The temperature was usually subnormal. In three months the patient left the hospital. Three weeks later she was readmitted in as bad a condition as formerly, having spat up some blood. On this occasion she did not respond to treatment. She was made worse by prevalent fogs in October. The signs of pulmonary arterial reflux passed off. After increasing dropsy, dyspnœa, and jaundice, she died on Nov. 8th. At the necropsy the heart was found much enlarged in all its chambers, weighing 24 oz. Dilatation and hypertrophy of the right ventricle were found. The tricuspid valve was stenosed, barely admitting two fingers, its edge being thickened. Pulmonary valves not markedly altered. Decided dilatation of the pulmonary artery. Mitral orifice in a state of buttonhole contraction, with thickened chordæ tendineæ. Hypertrophy of left ventricle. Some hepatisation at base of right lung, but no infarctions in pulmonary artery. Liver enlarged and "nutmeggy." Kidneys and spleen engorged and hard. The points of interest related to the etiology of the case and the interpretation of the physical signs on the right side of the heart. Sir Dyce Duckworth had several times noted accentuation of second pulmonic sound along with tricuspid reflux. The signs of tricuspid obstruction were explained by the state of the valve after death. The pulmonary arterial reflux was probably explicable by the dilated state of that vessel, and the disappearance of the murmur was coincident with increasing low blood pressure as vital powers failed towards the last. It was surmised that the disease began after scarlet fever, but the author believed that in the great majority of cases of mitral stenosis so common in women the disease owned a rheumatic origin, often in early life, the attendant articular symptoms being but slight and commonly overlooked. (The heart was exhibited.)

Dr. L. KINGSTON FOWLER read a case of Disease of the Aortic and Mitral Valves of prolonged duration. The case was that of a man aged sixty-six, a wood turner, working a treadle lathe. Physical examination of the chest gave the following results. There was a systolic recession of the epigastrium; the cardiac apex was in the fifth interspace in the nipple line; the impulse forcible, and indicating a moderate degree of hypertrophy of the left ventricle; at the apex the first sound was accompanied by a systolic murmur; at the base, in the aortic area, there was a short systolic bruit, and the second sound was replaced by a rough diastolic murmur; there was evidence of some hypertrophy of the right ventricle; the valves on the right side of the heart were judged to be competent. The pulse was 84, small and collapsing. The urine was free from albumen. The interest of the case centred in the fact that in 1834 the patient, then a boy aged thirteen, was admitted into Middlesex Hospital, under Dr. (afterwards Sir) Thomas Watson, with acute rheumatism, for which he remained under treatment nearly nine months. During the early part of the illness leeches were applied to the præcordium on more than a dozen occasions, and subsequently blisters were frequently used. The evidence upon which it was concluded that the valve lesions now present occurred during the attack of acute rheumatism in 1834 is entirely circumstantial, no written evidence of the case having been found. It may be summarised as follows:—1. The statement of the patient that on a certain occasion two gentlemen accompanying Dr. Watson on his visit having auscultated the patient's chest, the one remarked that he heard a sound "like an old woman blowing a bellows in a back room"; the other said the sound was more "like to the whistling of a steam engine." 2. The fact that Dr. Watson told the patient's mother on his discharge from the hospital that he was never to leave home without telling her where he was going. 3. That for three years the patient carried a card with his name and address upon it, so that "if anything happened to him suddenly it might be known who he was and where he lived." 4. That he has had no return of the rheumatic attack, and has scarcely been absent from work for a single day during the last fifty-four years. The case was reported as being a rather remarkable example of a stationary lesion of the cardiac valves of rheumatic origin, in which compensation having been established, it had remained perfect for fifty-four years, and now showed no signs of failure. The patient had been shown at a previous meeting of the Society.—Dr. BROADBENT considered that in Dr. Fowler's case there was very satisfactory evidence of the existence of valvular and pericardial disease for that length of time; the aortic valves were not so diseased as to prevent the formation of a fairly clear second sound. Cases lasting thirty or forty years on clear evidence were known to him. In Dr. Yeo's case there was little doubt that pulmonary embolism and

pleuro-pneumonia were due to the dislodgment of a clot from the axillary vein. It was very rare in his experience for emboli to cause gangrene of the limb in cases of heart disease. The plug in the basilar artery may have caused the confusion of the heart's action, and indirectly helped to develop gangrene of the limb from the plugging of the axillary artery.—Mr. BOWLBY mentioned two cases of gangrene following embolism from heart disease; both occurred at advanced life. Arterial disease or multiple embolism of small branches would favour the occurrence of gangrene.—Dr. DAWTREY DREWITT mentioned a case of embolism of the common iliac artery occurring in a girl aged thirteen during typhoid fever, and resulting in gangrene, for which the leg was successfully amputated by Mr. Bruce Clarke, and the case is doing well.—Dr. DE HAVILLAND HALL mentioned a case of an old gentleman suffering from asthma, which developed pneumonia and then gangrene of the thigh.—Dr. PERCY KIDD referred to some cases of mitral and tricuspid stenosis. The first illustrated Dr. Broadbent's views; the girl was very livid, and there was a presystolic murmur. In the second case, that of a boy, no cyanosis existed, and yet stenosis was present at every orifice of the heart, and the case was probably congenital.—Dr. YEO, in reply, said there was no evidence of arterial disease.—Dr. FOWLER said that he had noted signs of pulmonary regurgitation in cases of mitral and tricuspid disease; the tension in the pulmonary artery being greatly raised might lead to such a dilatation of the conus as to prevent the valves from coming together accurately; this hypothesis would also explain the variability of the murmur.—Sir DYCE DUCKWORTH acquiesced in this view.

OPHTHALMOLOGICAL SOCIETY.

Subretinal Effusion in Chronic Nephritis in a Child.—Prognosis of Neuro-retinitis in Bright's Disease.—Toxic Amblyopia.

AN ordinary meeting of this Society was held on Jan. 26th, Mr. Priestley Smith, F.R.C.S., Vice-President, in the chair.

Dr. JAMES ANDERSON read notes of a case of Subretinal Effusion in Chronic Nephritis in a Child. The patient was a girl aged nine years, admitted into the London Hospital on March 14th, 1887. The child complained of sickness and headache, was extremely pale and wasted, but showed no œdema of face or limbs. She passed from fifty to sixty-five ounces of urine in twenty-four hours; 1010 to 1012 specific gravity, with one-fourth of albumen, some free blood discs and casts of various kinds. The heart was hypertrophied and the arterial tension was high. The ophthalmoscope showed double neuro-retinitis. The child had been healthy till eighteen months of age, then had an attack of measles, and was never subsequently well. In November, 1886, she was noticed to have frequent nocturnal micturition, and five weeks before admission she complained of headache and sickness, and that she could not thread a needle. A fortnight before admission into hospital she had a severe fit, was universally convulsed, and then lay unconscious for three days. When she recovered consciousness she was practically blind, but partly recovered vision. Dr. Anderson saw the child on April 10th, and found severe neuro-retinitis with numerous hæmorrhages and considerable pale exudation in the papilla and retina, best seen with + 4 D. On the nasal side of each fundus there was extensive detachment of the retina, greyish-pink and glistening, the vessels seen climbing over it with + 9 D. The surface of the detachments oscillated freely but slowly when the head was moved. The child was almost quite blind, but mentally clear. The retinal detachments rapidly increased. Drawings of the fundi were exhibited. That of the left eye showed numerous bladder-like bulgings round the lower and nasal periphery. That of the right eye showed four large detachments almost meeting in the middle, leaving only a narrow quadrangular chink, at the bottom of which the fundus could be seen. The child rapidly got worse, the face and limbs got very slightly puffy, the urine diminished in quantity and became almost pure blood. Treatment had no effect. She became more drowsy, had vomiting, epistaxis, and bleeding from the bowel, and died comatose on April 24th, about three months from the first complaint of visual defect. The necropsy showed advanced fibroid contraction of the kidneys, the left weighing only three-quarters of an ounce and being much distorted by a deep fibroid scar at its upper part, the right weighing two ounces and a half, not so severely affected, but both showing (microscopically) marked fibrosis with hæmorrhages. The mucous membrane of the pelves of the kidneys, the ureters, and the bladders was infiltrated with blood, and that of the bladder was raised into soft polype-like growths. The retinæ were separated from the choroid by a clear straw-coloured fluid. The brain and other organs showed no gross lesions. Dr. Anderson commented on the rarity of detachment of the retina in children from any cause, and also on the rarity of fibroid kidney in children. One similar case in a girl, aged fourteen years, had been published in the Transactions. The rarity of such cases and the absence of œdema might very readily cause them to be overlooked until declared uræmic symptoms appeared. An exanthem such as measles or scarlet fever was probably the starting point in the great majority of such cases.

Dr. MILES MILEY read a statistical paper on the Prognosis of Neuro-retinitis in Bright's Disease. The names of all the cases occurring in the London Hospital Medical Register under the headings of "Acute" and "Chronic Renal Disease" for the years 1884, 1885, and 1886 were taken, and the notes examined and extracted—in all 447 entries. This number was reduced by 26 for readmissions of patients, and by 46 for acute scarlatinal cases; so that the total number of cases under consideration was 375. In 211 of these no separate statement regarding the eyes had been made; but there were good grounds for the assumption that the number of eyes examined and found normal were both smaller than they should have been. Of the remaining 164 cases, 105 were stated to be normal, 3 were affected with other changes, 5 from the nature of the notes were rejected, and 51 were definitely stated to have had the eyes affected. The mortality was as follows:—1. Total number of renal cases considered, 375; total number of deaths in hospital in 1884-5-6, 144. 2. Number of cases in which the eyes were unaffected, 105; number of deaths in hospital in same period, 28. 3. Number of cases in which the eyes were affected, 51; number of deaths in hospital in the same period, 27. The mortality of the affected cases was therefore, in hospital, double that of the unaffected cases. The 51 affected cases were then separately considered. By various means, including inquiries at Somerset House, 45 deaths out of the 51 affected cases had been traced. The 6 cases unaccounted for were all admitted into the London Hospital for the first time in 1886; and, since the Somerset House indices were only available up to the end of the first quarter of the past year, they could not be traced with any certainty after March, 1887. Sex: males, 38; females, 13. Age: under twenty, 2; twenty to thirty, 13; thirty to forty, 10; forty to fifty, 16; fifty to sixty, 6; sixty to seventy, 4. Duration of life: As the majority of the 51 cases were already affected with neuro-retinitis when admitted into the hospital, it was possible only to give the length of life after the first note was taken. One case lived nearly eighteen months, and two nearly fourteen months; all the rest died within the twelve months. It was further stated that, if all the 6 untraced cases were alive at the "present date," not one would have lived eighteen months from the time the eye changes were first noted. The following 9 cases were quoted as of special interest, because the eye changes occurred while the patients were under observation in the hospital:—

Name.	Age.	Sex.	Duration of life in days after the last note of "fundi normal."
R. B.	47	M.	51 days
E. C.	24	M.	195 ,,
T. D.	62	M.	162 ,,
G. O.	51	M.	52 ,,
G. A.	31	M.	150 ,,
G. C.	40	M.	145 ,,
J. W. G.	51	M.	Now in hospital; has lived 15 months since first note of changes
E. C.	63	F.	304 days
H. D.	23	F.	60 ,,

In order to be on the safe side, the enumeration was made from the date when the eyes were last stated to be normal, not from the date when the changes were first recorded. The duration of life, therefore, amongst these nine cases had not averaged more than six months. Regarding the eye changes themselves, the hospital notes were not generally sufficiently full to admit of accurate conclusions being drawn. The first recorded change was in some cases a slight haze, in others a

papillary exudation, and in others, again, one or more hæmorrhages. The only paper that the author could find which had any bearing on the question of prognosis was referred to, namely, that by Dr. C. S. Bull, in the June half-year number of the American Ophthalmoscopic Society's Transactions. It was stated that, in the discussion following that paper, a case was quoted by Dr. Webster of a clergyman who, ten or fifteen years previously, had had this condition of the fundi recognised, and who was still living at the time of the meeting of the Society. This case was quoted as showing the importance of comparing private with hospital practice. The following conclusions as regards the experience in the London Hospital were then submitted as being justified by the statistics: 1. That the retinal changes occur late in renal disease. 2. That their presence appears to affect the prognosis very materially for the worse, the mortality in hospital amongst the affected cases being at least doubled. 3. That the prognosis is so bad that not one has lived eighteen months after the changes have been noted. 4. That therefore the ophthalmoscope affords a most valuable index as to the course any given case of Bright's disease is taking (except, perhaps, in pregnancy cases), unless, indeed, it be supposed that the mortality of the cases considered happened to be exceptionally high, independently of the causes at work which produced the coincident neuro-retinitis.—Mr. SIMEON SNELL (Sheffield) also read a paper on this subject. He held that the subjects of retinitis albuminurica that came before the ophthalmic surgeon were to be regarded as having, generally speaking, a tolerably defined or a short limit to their existence. This referred to cases at all ages. He did not think that the retinal changes ever preceded the kidney diseases, as some asserted they might do. He referred to Dr. C. S. Bull's observations before the American Ophthalmological Society in 1886. Out of 103 cases, 86 had died, 57 in the first and 12 in the second year; of the 17 living, 14 were seen during the last six months; 1 had been seen seven years previously. Dr. Gruening reported of 100 cases that none had lived over two years. Mr. Snell alluded to the frequency with which the diagnosis of renal disease was made through patients seeking advice respecting sight, and notwithstanding the numbers that thus passed before the ophthalmic surgeon, his knowledge of the cases was for so brief a period that the final results were not easily noted. He could only just now trace eight cases to the end. The respective ages were thirty-seven, thirty-four, fifty-six, fifty-nine, thirty-one, sixty-six, twenty-three, thirty-nine; and the periods of death after the retinal mischief was diagnosed 6 weeks, 4½ months, 5½ months, 10 months, 2½ months, 5½ months, 8 weeks, 14 months. Reference was made to the better prognosis in the retinitis associated with pregnancy.—Mr. ANDERSON CRITCHETT thought that all ophthalmic surgeons now admitted the serious nature of the prognosis in these cases of albuminuric retinitis. He mentioned three instances occurring in medical men who lived five, ten, and thirteen months respectively after the discovery of the neuro-retinitis; in one case one eye only was affected.—Mr. MCHARDY drew a distinction between hospital and private cases. He had only known one hospital patient to live for two years after the discovery of the retinitis. In young persons with retinitis associated with excessive drinking or with pregnancy the prognosis was not so bad.—Dr. W. J. COLLINS had seen one case of subretinal effusion in acute nephritis preceded by blindness and severe neuro-retinitis. He remarked that Dr. Miley's paper only and unavoidably dealt with those cases ill enough to require admission into hospital. He discussed the relation of the retinitis to the hypertrophied heart, hydræmic blood, arterial tension, and kidney disease.—Dr. VAN MILLIGEN had known one case to have retinitis eight years; one eye only was affected, and the patient is still living.—Dr. ANDERSON, in reply, doubted whether a difference obtained between hospital and private cases; exceptional cases were to be met with, but the general prognosis was serious. He believed it was sometimes impossible to differentiate the renal from the cerebral neuro-retinitis, and this led to a new source of fallacy.

Dr. VAN MILLINGEN read a paper on Toxic Amblyopia. During fifteen years' experience in Turkey and the Levant he had not met with a single instance of alcoholic or tobacco amblyopia in a Turk, male or female. As regarded the tobacco, this could not be attributed to the kind smoked, for Turkish men and women used such a large quantity that the amount of nicotine would correspond with the amount in the smaller quantity of stronger tobacco used in this country. He therefore attributed the exemption to the mode of smoking, and believed that poisonous symptoms resulted from the juice of the tobacco being allowed to come into contact with the mucous membrane of the mouth in a moist state. Turkish women did not drink at all; some of the men drank *raki* to excess, but he had never known an instance of alcoholic amblyopia from this cause. On the other hand, he had met with eight instances of alcoholic and two of tobacco amblyopia in foreigners resident in Turkey.

The following living and card specimens were exhibited:

Mr. CRITCHETT: New Fixation Forceps and Linear Knife.

Mr. HIGGENS: Results of Operation with the Cautery for Conical Cornea.

Mr. GUNN: Growth of new Lens Fibres after Spontaneous Absorption of Traumatic Cataract.

Mr. DOYNE: Condition of Ocular Fundus suggestive of Cysticercus.

Mr. HARTRIDGE: Iridæmia with Congenital Dislocation of Lenses.

Dr. WELLS: Case of Frontal Mucocele.

Mr. JULER: (1) Albuminuric Retinitis. (2) Persistent Hyaloid Artery.

HUNTERIAN SOCIETY.

AT the meeting held on Jan. 25th, Mr. D. DE BERDT HOVELL read a paper on the Improper Use of the Term "Hysteria." The author remarked that as long as the pains and disabilities of the disorder named hysteria are treated by coercion and severity, by indifference and inattention, on the ground that they are due to wilfulness, obstinacy, and fancifulness, so long must the condition, as a rule, not only remain unrelieved, but be aggravated and prolonged. On the other hand, if incapability and irresolution—i.e., loss of physical power and moral control—represent the state of the nervous system, whether it be termed neurosis, neurasthenia, or neurophthisis, or any other name be given that philologists may determine, the nature of the case undoubtedly demands that means be taken to improve the strength and raise the moral tone. Bearing in mind the division of this class of case into (1) simple, (2) irritative, and (3) depraved, it is obvious, before this can be done, all sources of irritation, both physical and moral, should be removed. The great susceptibility of this condition to both pain and irritation make this imperative. Nothing can be more annoying, or is actually the cause of more mischievous irritation to the patient, than that her valid complaints be received with incredulity and treated with indifference. The cases of M. Charcot, alluded to by Dr. Graily Hewitt, in which pressure over the ovaries produces convulsion, may very properly be termed "hysterical." At the same time it is clear that this effect would not be produced if the nervous system were not in a very excitable condition. They clearly point out that a broad distinction should be drawn between the state of the nervous system and the source of "hysterical" irritation. It is to be much regretted that these two things, so perfectly distinct, should have been so frequently confounded together. There is altogether something very morbid about these cases, and Mr. Hovell said he did not discover any therapeutic indications in the treatment adopted. It is also to be regretted that some practitioners still regard the valid complaints of patients, deemed to be hysterical, as fictitious; and that others avow that they treat them with severity because some patients so treated have stated that their lives have been marred thereby; some are indignant, others humiliated, by the treatment they have undergone. The true therapeutic indications are to improve physical strength and raise moral tone by restoring confidence and resolution, by promoting and cultivating self-help and self-reliance. Lady nurses might be trained to assist most usefully in this work. It is, moreover, most desirable that the milk treatment so strongly advocated in these cases partake of that of human kindness.—The PRESIDENT, in thanking Mr. Hovell, for his very interesting and learned paper, said that he did not think that so great an authority as Dr. Playfair could have stated that patients cured of this affection never relapsed. In considering the etymology of the word "hysteria," he believed that its use was liable to lead to mistakes; but in adopting the term "neurasthenia," it must be remembered that the change was a moral as well as a physical one, yet it was a real and not an imaginary disease. He thought that love of sympathy

was certainly a motive in cases of malingering.—Mr. GILBERT, from his experience in general practice, did not believe that Mr. Hovell's treatment was of any effect in a large number of cases. There was no real disease or paralysis except that of the patient's will. They may suffer pain for years, yet do not get thin, but, on the contrary, fat. He asked what was the explanation of cases lasting for years, and then often suddenly getting well? There was the greatest difficulty in diagnosis when this condition was associated with or coming on after organic disease or injury.—Dr. GRAILY HEWITT said the subject was an exceedingly complicated one, the meaning of the terms used being very indefinite. There were strong reasons for using the term "hysteria." His attention was directed to cases of hysteria associated with attacks of convulsions, and due to conditions of the uterus; these patients, he found, were almost always cured. Hysteria comprehended cases in the male, such as Professor Charcot's cases of hystero-epilepsy, in which the character of the convulsions was the same in the male as the female. An hypothesis might be brought forward to cover both these classes. Might there not be a central exciting cause indistinguishable from the reflex form? He then referred to cases under Professor Charcot. The condition of the central nervous system was the most important consideration; the nervous tissues were in a state of extreme mal-nutrition, and hence liable to disturbance and irritable to reflex stimuli. The Weir-Mitchell mode of treatment by enforced food certainly rendered the disturbance less. On the other hand, the pains and disabilities of the patient were often very real, and due to conditions of the uterus; in this he agreed with Mr. Hovell. — Dr. HALE WHITE thought it difficult to separate hysteria from neurasthenia; differences, however, could be distinguished: for instance, hysteria was common amongst persons of an emotional type, was to be met with mostly in females, and was more common in France; neurasthenia, on the other hand, was more common in persons who work hard, as in New York. Therefore he would not put aside the term "hysteria." The disease was certainly not voluntary; hence punishment and coercion were wrong methods of treatment. He thought Mr. Hovell had overdrawn the picture. Coercion properly so-called was not adopted in homes; it was really an attempt to make the girls help themselves. The medical profession did not disbelieve in the reality of the two diseases. It was hypothetical to suppose that either of these were due to the sympathetic nervous system.—Dr. R. J. RYLE discussed and contrasted the etymology of the terms "neurasthenia," "neurophthisis," and "neurotabes."—Mr. HOVELL, in reply, said that his object was not to insist on the actual meaning of the terms, but to separate cases of hysterical origin from those of neurasthenia.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Argyriasis.—Cerebral Tumour.

A MEETING of the Medical Section of the Academy was held on Dec. 16th, 1887, Dr. Little, President, in the chair.

Dr. A. W. FOOT, in reference to the subject of Absorption of Silver Nitrate applied to the Throat, read notes of a case in which the solid caustic had been applied to the throat for eight years, and was followed by silver-staining of the skin and mucous membranes. A highly-finished drawing of the patient was exhibited. He had no doubt that large quantities of the silver nitrate had been swallowed. Referring to the biological action of silver, he recommended as preferable to the silver nitrate the double hyposulphite of sodium and silver as free from the danger of producing argyria while effecting all the therapeutical indication of the silver salts.

Dr. KENDAL FRANKS read a paper on a case of Cerebral Tumour. The patient was a married lady, aged forty, who in June, 1887, for the first time, was seized with an epileptiform attack. These attacks recurred with diminishing intensity every four or five days until the middle of July, when they were replaced by modified attacks of petit mal. After the first attack she exhibited symptoms of amnesic aphasia. At first this was very slight, but after each epileptiform attack became more marked. Headache gradually developed, sometimes becoming very acute, and was always referred to the top of the head about the coronal suture, being most marked a little to the left of the bregma. She came under observation first on Sept. 7th. Cerebral vomiting appeared for the first time on the 9th. On the 13th a paralytic condition of the bladder, necessitating the frequent use of the catheter, appeared; this lasted for five days, then disappeared for ten days, and finally returned on the 28th, and lasted until coma supervened. The only other paralytic symptoms which appeared were, on the 25th, an almost inappreciable paresis of the right external rectus, giving rise to some diplopia; on Oct. 3rd partial paralysis of the right orbicularis muscle, and on the 4th partial paralysis of the palate. A tumour in the left side of the brain was diagnosed, but Dr. Franks maintained it was impossible to foretell its nature and exact position by the symptoms produced. That there was a tumour and not an abscess, as was held by Mr. Wheeler, who saw the case in consultation on Oct. 9th, was proved by the history of the case—the total absence of any predisposing cause, the gradual onset and progress of the disease, without any rigors or pyrexia whatever, until three days before death, and by the total absence of all symptoms of pus formation. Mr. Wheeler, who saw the case the day before death occurred, wished to trephine over Broca's space on account of the aphasia, but Dr. Franks objected on the grounds that none of the symptoms indicated Broca's space as the seat of the lesion. The only localising symptom was the aphasia, which was only partial and of the amnesic variety; and therefore if it indicated one spot more than another, it pointed to the posterior portion of the parietal bone, the angular gyrus, the posterior part of the inframarginal convolution, and the posterior portions of the superior and inferior temporo-sphenoidal convolutions, and the central portions of these parts were more than three inches from Broca's space. The post-mortem examination showed that the posterior half of the temporo-sphenoidal lobe was occupied by a cavity extending two inches in an antero-posterior diameter, containing perfectly clear serum. The cavity had no true cyst wall, but was bounded by disintegrating brain tissue. The microscope failed to reveal any trace of inflammation, or of any old blood-clot. The nearest part of the cavity to Broca's space measured nearly two inches. Dr. Franks maintained that to have explored the brain by means of a grooved needle through a trephine opening over Broca's space would probably have failed to reach the cyst; and that even had it been reached, the amount of damage which would probably have been inflicted in the search for a tumour whose situation was so uncertain would have been such that no prudent surgeon would willingly have made the attempt. He strongly objected to Mr. Wheeler's statement that the necropsy corroborated his diagnosis.—Mr. WHEELER said that on Oct. 6th last a near connexion of this patient wrote to him asking him to arrange a consultation with Dr. Franks the next evening. As Mr. Wheeler was unable to go at the desired time, he was further requested by the same relative, on the 8th, to see the patient by himself the following day, who stated that it was at Dr. Franks' request. As Dr. Franks would not see the patient until late next evening, Mr. Wheeler wrote for and received the following history of the case from the husband. The patient was in very good health up to the end of June, 1887, when she suffered very much from the extremely hot weather. One morning she was out under a hot sun, but walked a mile and a half in the afternoon; she was well up to 7.30 P.M. Shortly after she was found lying in her room insensible; face much flushed, extremities cold, pulse feeble; she remained unconscious for several hours, and then awoke perfectly clear in her mind. There was a slight scratch on the forehead, but no appearance of bruise. For some weeks attacks somewhat similar followed, preceded by confusion and a sensation of falling. After a short period speech became confused, always; she knew what she wished to say, but could not use the right words, nor could she write a letter. Subsequently violent pain in the head, with vomiting, came on. She fell into a semi-conscious state about three months from the first attack, then perspiration set in, and she lost control over the bowels, and the urine had to be drawn off. Mr. Wheeler found the patient in a semi-conscious state; saliva dribbled from her mouth; her gums were spongy, and there was a well-marked mercurial odour; pulse 96, but rose to 110; respiration under 24; temperature under 100°; she could swallow fluids; no stertor; her pupils responded to light; some urine was drawn off; sp. gr. 1018; no albumen. He made an ophthalmoscopic examination, but was unable to detect any

neuritis; reflex tests gave no indication, except abdominal and mammary; heart sounds normal. He advised, in writing, even then as a last resource, an operation in Broca's region and stated that, in his opinion, there was a fluid collection, probably an abscess, and that if a solid tumour existed which had been diagnosed, it would not be impossible to remove it. The necropsy showed there was a clear serous collection, separated from the surface by a thin layer of healthy brain tissue, but there was no evidence that pus cells did not exist. He was then requested to meet Dr. Franks at 9.40 P.M. After a few minutes' conversation, he stated that Dr. Head's opinion, with which he agreed, was that the patient suffered from a tumour, and as he dissented from the operation, Mr. Wheeler proposed that they should see the patient. Her pulse was then over 150, temperature 102·6°, respiration nearly 40. She could not swallow; her pupils did not contract to light. She was so altered from the time Mr. Wheeler first saw her that he could not then recommend the operation. There was clear evidence to him that this patient was suffering from aphasia, agraphia, and amnesia, with every indication for operation in the region of Broca; and his opinion was that had she been operated on in time at the site indicated, the cyst could have been emptied, and probably her life saved. For the anterior edge of the cyst would be scarcely three-quarters of an inch from the site of advised operation; there could be no difficulty in tapping it at even a greater distance, for scarcely two inches and three-quarters of the temporal lobe are posterior to Broca's region; but supposing it could not have been emptied by the proposed operation, the correct treatment was to trephine a second or third time, and make explorations as often.—Dr. HEAD said that he saw the lady for the first time late on the evening of Sept. 14th, and not being anxious to express a definite opinion without a further examination, he saw her again on the following morning. He had seen several cases in his practice resembling this one in many ways. In two of those cases the tumours were such as it would have been utterly impossible to remove, even if it were known where they were. Therefore, having regard to his experience, he thought it would be unadvisable to trephine over Broca's space to look for a tumour the locality of which was doubtful, and he accordingly advised Dr. Franks not to operate. If the tumour became localised, or evidence of its locality more clearly defined, then the operation might be performed. When he saw the patient again, on Oct. 3rd, she was in a comatose condition, and the symptoms had not developed, to enable him to localise the tumour. She was suffering intense pain, but he did not like to give opium. He suggested canabis indica. She expressed herself greatly relieved. He suggested a caustic issue, and that the mercury should be given tentatively, but stopped if untoward symptoms arose. It was stopped on Sept. 22nd. On Oct. 3rd he examined her breath and gums, and she had not the slightest sign of mercurialisation. She had bad teeth, but there was no salivation, and there was not the least sign of mercurial fetor. Canabis indica, she herself said, relieved her pain. So he did not see how that treatment could have done her much harm. With all the care he gave the case, he could not attempt to localise the position of the tumour, or diagnose whether it was solid or fluid, except the probabilities being that it was on the left side. Under these circumstances he advised Dr. Franks not to operate.—Mr. SWANZY said he was asked to see the lady in order to ascertain whether, by means of the ophthalmoscopic or any other symptoms, a closer diagnosis could be made than had been effected. He examined her with the ophthalmoscope under considerable difficulties, and expressed an opinion that there seemed to be a slight haze over the fundus, which meant an optic retino-neuritis. At the same time, it was so very slight he could not lay much importance upon it. Whatever appearance there was, it was in one eye quite as much as in the other. The lady complained of not being able to see people who stood on the right hand side of the bed. He further examined to see whether this was due to any blindness in the right eye. So far as could be ascertained by covering one eye and then the other, and by counting the fingers, the sight of one eye seemed to be as good as that of the other. Still she complained of an unpleasant sensation and difficulty of moving the right eye to the right side, indicating a little paresis of the external rectus. He understood that there had been a little drooping of the left upper lid, but when he examined her there was nothing of the sort. There was nothing enabling one to localise anything in the brain. If there had been any optic neuritis, it would not localise the lesion in the brain; it would confirm the diagnosis already sufficiently made—that of a tumour of the brain.—Mr. BEWLEY, who made the post-mortem examination, supplemented his report. Sawing round the skull in the ordinary manner, the saw suddenly passed through the bone behind the left ear, and some clear serous fluid came out from a point above and a little behind the left ear. The membranes of the brain were found perfectly healthy. The cyst was situated in the temporo-sphenoidal lobe, its nearest point being an inch and a half from the anterior rim to the fissure of Sylvius. The other parts of the brain, as far as he could make out, were perfectly healthy.—Mr. FITZGIBBON said it seemed that Dr. Franks and Dr. Head had expressed an opinion against trephining in this case, in which they were both satisfied there was an intra-cranial tumour of some sort, because the symptoms did not point definitely to any circumscribed portion of the brain, although they had the best guide a surgeon could have to the seat of the disease—namely, localised pain on the side of the head—pain sufficiently localised to recommend blisters to a particular spot. In his opinion the surgeon was bound to trephine to give the patient a chance. He had seen his colleague, Mr. Wheeler, pierce the temporal lobe in a patient two or three times and evacuate an abscess.—Mr. KENDAL FRANKS, in reply, said, in reference to Mr. Fitzgibbon's opinion that localised pain was a reliable symptom in localising the position of an intra-cranial tumour, it was the most illusory symptom we possess. Some of the speakers had spoken in the light of the post-mortem examination, and with a full knowledge of the nature and of the position of the cyst. They should, however, have remembered that during life there was no such knowledge to go upon. Mr. Wheeler asserted that by trephining at Broca's space he could and would have struck the cyst. Perhaps so, but as he did not know that the cyst existed there he must have explored in every direction before he would have passed a needle through the fissure of Sylvius directly backwards, with an almost certainty of piercing either the middle cerebral artery or one of the many veins lying in the fissure. In exploring the brain, we must use the utmost caution, and we should never attempt it without employing the most thorough antiseptics. The diagnosis of an abscess was so entirely different from the history of the case that he could not adopt it. Again, he thought that there was no sufficient indication for operation over Broca's space. Even had there been, an operation was contra-indicated by the patient's condition, who was clearly dying when the suggestion was made.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

AN ordinary meeting of this Society was held on Jan. 13th, Mr. E. Atkinson, President, in the chair.

A case of Compound Depressed Fracture of the Skull.—Mr. LAWFORD KNAGGS read a paper on this subject. In view of the recent advances in cerebral surgery, he advocated the more thorough immediate exploration and cleansing of the injured parts—(1) by the large skin flap; (2) by a more liberal removal of bone; (3) by a flap of dura mater when that membrane is injured; (4) by careful cleansing of all the exposed and damaged parts by powerful antiseptic lotions. In this way he hoped complete asepsis might be obtained, and one of the most important causes of death in such cases be prevented. He pointed out that in the case related the dura mater flap was found completely united by healthy lymph in eighteen hours. Attention was drawn to the fact that though many cases of compound depressed fracture did well if left alone, yet a considerable proportion suffered from serious after effects which were capable of cure by surgical means. This proportion would probably be considerably diminished if operative interference at the time of injury were the rule. The experience of members was solicited on the suitability of opium in cases of commencing meningitis. Its power of contracting the cerebral arterioles suggested its employment quite apart from its anodyne effect.—Mr. MCGILL understood Mr. Knagg's main point to be the desirability of immediate trephining in all cases of compound depressed fracture, with or without cerebral sym-

ptoms. Mr. McGill's experience was entirely opposed to this view, his own views being these: 1. That in cases of simple depressed fracture without symptoms, surgical interference is not contemplated. 2. That if by asepsis we can practically reduce a compound fracture to the condition of a simple one, we should treat it on the same lines. If it be impossible to purify the fracture without removal of bone, by all means remove it.—Mr. JESSOP argued that the progress of antiseptic surgery had entirely changed the character of the results which determined the old-time teaching, and he now treated his cases on the lines indicated by Mr. McGill.—Dr. Rabagliati referred to the researches of Key and Retzius upon the subdural and subarachnoid spaces, and their bearing upon intra-cranial surgery. With regard to the question of opium, was it not a congester of the veins, and therefore a danger?—Mr. MAYO ROBSON thought that much depended upon the extent and character of the fracture. Where there was much splintering or extensive depression, or where the wound could not be efficiently cleansed, he advised trephining; in other cases he trusted to antiseptics. He had found opium of service in lessening hæmorrhage.—Mr. PRIDGIN TEALE did not think the case for immediate interference was so strong as Mr. Knaggs argued, as many cases recover completely and permanently without it. He some time ago came to the conclusion that the dictum "Opium is dangerous in head cases" was a vulnerable one, and began cautiously to use it, especially in cases marked by extreme restlessness or a rapid rise of temperature.—Mr. KNAGGS, in reply, said he had never seen harm done by interference, but had seen cases end fatally which might possibly have been saved. He thought it had been proved that opium does constrict the small arteries.

Dr. HELLIER showed a cast from the mouth of a child, in whom there were six upper incisor teeth of the first dentition. They were well shaped, and differed in this respect from the generality of supernumerary teeth, which were generally peg-shaped and distorted, and of the second dentition. He pointed out that the typical formula for mammalia, with a few exceptions, was $\frac{3}{3}$, and that the condition under notice may be considered a reversion to a more primitive type.

Dr. WARDROP GRIFFITH gave an account of a case in which optic neuritis was associated with chlorosis, and remarked on the difficulty of determining the value of this symptom as an indication of functional or organic disease.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

A MEETING of this Society was held on Jan. 12th, the President, G. H. Hume, M.D., in the chair.

Orbital Aneurysm.—Mr. RUTHERFORD MORRISON showed a boy suffering thus, due to the entrance of an open clasp knife into the eye. Sight was not immediately lost, but a few weeks after he could not see. There was no paralysis of ocular muscles. A well-marked bruit was heard all over the head. No optic atrophy. The case he regarded as one of traumatic aneurysm of the ophthalmic artery.

Thoracic Aneurysm in a young Woman.—Dr. OLIVER exhibited a woman, aged thirty years, with large pulsating aneurysm arising from a transverse part of the arch of the aorta. The aneurysm had pushed its way through the sternum, and measured six inches and a half longitudinally. All pain had ceased under large doses of sodium iodide. The aneurysm was traumatic in origin.—Professor PHILIPSON, in remarking upon the case, alluded to the absence of a specific history and to the sex of the patient.

A Boy with Rheumatic Nodules; a Girl with the same.—Dr. DRUMMOND exhibited both patients; in the boy there was tricuspid and in the girl mitral systolic murmur. He thought the coexistence of cardiac disease and rheumatic nodules was an indication of the severe nature of the heart affection.—Dr. MANTLE had seen several cases of these rheumatic nodules in children and in adults, and, after alluding to their microscopical characters, said that he agreed as to the prognostic value of these nodules in cases of heart disease.

Psoriasis.—Mr. COLLINSON showed for Dr. Fenwick a man suffering from almost general Psoriasis of three months' duration. There was no syphilitic history or hereditary influence to account for it.—Prof. Philipson, Drs. Arthur Campbell, Newcombe, Mantle, Drummond, Thomas Watson, and Jackson, made remarks.

Puff-and-dart Needle removed from the Air-passages.—Dr. LYON exhibited specimens. They had been expelled by a child eleven years of age. Tracheotomy was performed five days after the accident by Dr. Hume, but all attempts to reach the needle, which was known to be embedded in the apex of the left lung, were unsuccessful. At this time the temperature was high. The use of an electro-magnet was tried, but to no purpose. Ten days after this the wool of the needle was expelled, and a week after this, when the patient had had a paroxysm of coughing and vomiting, Dr. Lyon saw the needle embedded in the pharynx, from which he removed it by means of a pair of forceps.—Dr. DRUMMOND, who had seen the case, regarded the condition of the lung as one of atelectasis, and thought that from the first the condition of the lung was one of collapse rather than of inflammation.—Dr. HUME spoke of the difficulties encountered in exploring the bronchi for the needle after tracheotomy has been performed. Dr. MURPHY showed an instrument he had devised for keeping the sides of the wound in the trachea open so as to allow of the easy insertion of the tracheotomy tube.—Dr. T. WATSON read notes of a foreign body embedded in the lung, and asked with what frequency such accidents were followed by phthisis.—Dr. CANE mentioned a case of fibroid phthisis, embedded in the lung of which was found a fish-bone.

Ulcerative Endocarditis; Aortic Valves also in Kidney and Spleen, with Infarcts.—Professor PHILIPSON exhibited specimens removed from the body of a man aged thirty-five, who had been admitted under his care suffering from pleuro-pneumonia of five days' duration. The temperature was then high. Rigors came on a few days after this, and a loud bruit was detected over the aortic area. Subsequently to this the spleen was found to be enlarging, and blood was noticed in the urine. The disease was contrasted with typhoid fever, and the reasons were given for the case having been regarded as one of ulcerative endocarditis.—In the remarks which followed, Dr. OLIVER spoke of the specific nature of the disease, and of the transference of and settling down of the micrococci. He had seen the case during life, and had placed on the table microscopical preparations of the infarcts of kidney and spleen.—Dr. DRUMMOND showed sections of the vegetations stained after Gram's method; in these numerous micrococci could be seen.

Abdominal Aneurysm.—Dr. VANN exhibited a specimen removed from the body of a man aged fifty, who had seldom complained of pain. The sac had not ruptured. The patient died exhausted.—Dr. MANTLE and Professor PHILIPSON made remarks.

Calculus removed by Supra-pubic Lithotomy from a patient in his eightieth year; recovery.—Mr. RUTHERFORD MORISON exhibited the specimen. The patient had made a good recovery.

Specimens of Uterine and Ovarian Disease.—Dr. MURPHY exhibited a series removed by operation. It included various sizes of ovarian cysts, Fallopian tubes distended with pus, hydatidiform moles, &c.

The Galvano-cautery in the Treatment of Disease of the Nose and Pharynx.—Dr. WILLIAM ROBERTSON read a paper giving details of several cases treated successfully.

Reviews and Notices of Books.

Von Ziemssen's Handbook of General Therapeutics, Vol. VII. "Therapeutics of Circulatory Derangements." By Professor M. J. OERTEL, M.D., of Munich. Translated by EDWARD J. EDWARDES, M.D. Pp. 276. London: Smith, Elder, and Co. 1887.

UNFORTUNATELY for the interest of this, the last of the seven volumes of Von Ziemssen's Handbook of General Therapeutics, the views of the author have long since been made known in this country; all the first force with which they were received seems to have evaporated somewhat in the interval between the publication of the summary in the "Year-book of Treatment of 1884" and the present issue of the English version. During this time the somewhat startling proposals of Professor Oertel have been put into practice and criticised by Dr. Clifford Allbutt and others, and the result has been that in this country, at least, their value in selected cases has been established. The rules of selection

are clearly enough set forth in the translator's preface; the conditions combated are "chronic venous stasis and its consequences, by whatever cause induced, but especially in connexion with obesity and fatty heart." The work must not be looked upon as one on the treatment of heart disease *per se*; of the thirty cases treated and recorded only two resulted from valvular disease, and in both of these the lesion existed at the mitral orifice. The author does not definitely say whether he would advocate the same course of treatment in cases of aortic regurgitation; in fact, he rather avoids consideration of the special lesion, and looks more to the resulting symptoms; if these indicate venous stasis, he is then emphatically in favour of treatment by methods intended to diminish the total volume of fluid in circulation, and to strengthen the cardiac muscle. Briefly, these methods consist in a rapid diminution of fluids taken by the mouth, and in forcible mountain climbing. From an experience of the progress of thirty cases carefully followed throughout their history, the author feels justified in proclaiming his belief that the measures empirically adopted by him nine years ago form the true rational basis of treatment for a large number of cases of respiratory and circulatory trouble. His views are set forth at considerable length in this volume, and although the style is occasionally rather obscure, this quality is perhaps hardly the fault of the translator. Dealing with such a limited range of circulatory derangements, this book forms a disappointing conclusion to the series, although in itself interesting.

Hydrophobia: an Account of M. Pasteur's System. By RENAUD SUZOR, M.B., C.M. London: Chatto and Windus 1887.

THIS book owes its origin to the public spirit of the Governor of Mauritius, Sir J. Pope Hennessy, and the Legislative Council, who commissioned its author to study and report upon M. Pasteur's treatment of hydrophobia. In fulfilment of his mission, Dr. Suzor has collected and translated all the communications made by M. Pasteur to the Academy of Medicine and elsewhere dealing with this subject. The value and utility of thus gathering into one volume the various steps of the remarkable series of researches which culminated in the protective inoculations must be obvious. The reader is enabled to follow the line of reasoning adopted by M. Pasteur, and to see how he has arrived at his conclusions, not through the medium of an abstract, but first-hand in M. Pasteur's own words. Even as a contribution to the history of experimental pathology the service thus rendered by Dr. Suzor is no mean one. It is evident that Dr. Suzor himself is a thoroughgoing follower of M. Pasteur, and some may have wished that his work had been more critical. Nevertheless, he meets very well many of the criticisms that have been advanced, and his opinion of the efficacy of the method coincides with that at which our English Commission arrived. We venture to quote one passage which deals with a point that has been particularly attacked by M. Pasteur's opponents, and has even been admitted by some of his followers to be a vulnerable part of his practice: "The opponents of the system grant that the *simple treatment* is harmless in itself, but the *intensive treatment*, say they, is positively dangerous. Persons who have submitted themselves to it have died of paralytic rabies, a disease which was unknown in man hitherto. It must therefore be a new disease, the result of the inoculations they received with the marrow of the paralytic rabbits—an artificial laboratory virus." And after pointing out that the same rabbit virus may produce both forms of rabies in the dog, and that paralytic rabies is not unknown in man, he says: "Then, again, the mode and seat of inoculation, the quality and quantity of the virus inoculated, being always the same for man, and the virus always taken from paralysed rabbits, we fail to see why the human victims should, in the majority of cases, have died of furious rabies, and occasionally only of paralytic rabies." The author gives, it may be added, an admirable chapter descriptive of the *technique* of the method, and altogether we may fairly commend his work as one which is both interesting and useful, and likely to have more than a transient value.

The Natural History of Cow-pox and Vaccinal Syphilis. By CHAS. CREIGHTON, M.D. Pp. 160. London: Cassell and Co. 1887.

THE precise object of this book is by no means clear. Vaccinia is regarded by the author as a development of some cow disease having an ulcerative character, the ulcerations being often a sequel to pimples situated on the teats and worked into ulcers by what is described as the "merciless manipulations" of milkers. Such a disease inoculated into the human subject, and on from child to child, has a tendency to revert to the ulcerative character it exhibited in the cow, and the mystery which is stated to have so long attached to vaccinal syphilis is supposed to be cleared up; for it is held to be wrong to dissociate a "vaccinal ulcer" from that mischief which it is now sought to explain by seeking for a source of syphilitic contamination. Observers should rather think of syphilis as an affection having acquired its specific characters on the basis of neglected or retarded healing of casual sores, the process being illustrated under the circumstances of cow-pox. Vaccine syphilis and venereal syphilis are also only to be regarded as alike in so far as they owe their origin similarly to an innocent affection which has in time become specific and transmissible. There is much in the process of reasoning by which these results have been arrived at which we do not easily follow, and we very much regret that it has been found necessary, in the course of a volume which has so much that appears fanciful about it, to underrate the labours of Jenner, and to write of him as holding "sophistically adopted theoretical fancies."

OUR LIBRARY TABLE.

Manual of Clinical Diagnosis. By Dr. O. SEIFERT and Dr. F. MÜLLER. Third Edition. Translated by W. B. CANFIELD, A.M., M.D. Edinburgh: Young J. Pentland. 1887.—It might be thought that there could not possibly be any need for a new text-book on the methods of diagnosis; but, after all, the best test of the need of a book is that which is afforded by the stamp of public approval, and the issue of a third edition within twelve months is evidence enough on that score. When we come to peruse the pages of this small yet comprehensive work, we can hardly wonder at its reception, and, at the same time, are glad that the translator has placed it in the hands of English-reading students; for it is so thoroughly imbued with the scientific spirit, and withal so practical and full of information, that it really does supply a want which many a more ambitious volume may fail to do. The authors have also availed themselves of all recent additions to methods of diagnosis, so that no one can fail to be instructed by it. There is, of course, nothing especially novel in the plan of the work, which deals in turn with each system of organs; but it has a useful addition in the chapter on Metabolism and Nutrition, as well as in a Table of Doses. Dr. Canfield has enhanced the value of these sections by giving the weights and measures in the English scales as well as in the metrical system. We have little doubt that the book will be as much appreciated here as it is in the German schools.

The Life and Recollections of Dr. Duguid of Kilwinning. Written by himself, and now first printed from the recovered manuscript. Edited by JOHN SERVICE, L.R.C.S. & P. Edin.

Pp. 287. Edinburgh: Young J. Pentland. 1887.—This volume professes to be a MS. found in a curious old leathern bottle, hidden under the thatch of a very old house in the main street of Kilwinning, "being without doubt the production of some now forgotten 'medical' of the latter part of the eighteenth century." It is evidently the work of one well acquainted with the old broad Scotch, as spoken by all classes in Scotland even so lately as the end of the last and beginning of the present century—a language rapidly being effaced under the influence of railway communication and Board-school education. To the English reader the greater part of the book would be quite unintelligible. To Scotchmen, and especially those who are old enough to have lived under four sovereigns, it cannot fail to be interesting. It presents a curious picture of the life of a lad in the lower class of a country town, his subsequent career at college in Glasgow, and his ultimate settlement in medical practice in his native place. The second part of the book contains "Jenny Whalbert's cracks," supposed to be the sayings and gossip of an auld Scotch wife with whom Dr. Duguid "seems to have spent much of his early time." Some of them are of rather a broad type, but are curious as illustrations of the manners and language of a race now rapidly becoming extinct.

A Manual of Zoology, with a General Introduction on the Principles of Zoology. By HENRY ALLEYNE NICHOLSON, D.Sc., Regius Professor of Natural History in the University of Aberdeen. Seventh Edition. Edinburgh: Blackwood and Sons. 1887.—Professor Nicholson has at least one, if not the main, quality of genius—the faculty of taking pains. We have compared the present with the first edition of his Zoology, published in 1870, and notice in every part the indication of careful revision, excision, and addition. As a result of this the volume has become half as large again as it was before, whilst many additional plates and woodcuts have been inserted, some perfectly new and more advantageously replacing old and effete ones. Here and there some changes might still be made with advantage; for example, the methods by which the reproduction of a cell may be accomplished should not, if they are to be given at all in such a work, be described without reference to the phenomena of karyokinesis. The references to extinct species and fossil forms, as well as to the literature of each class, constitute very valuable parts of the book, which we consider to be extremely well adapted for the student, and to represent excellently the present state of zoological knowledge.

Life and Labour; or Characteristics of Men of Industry, Culture, and Genius.—By SAMUEL SMILES, LL.D. Pp. 274. London: John Murray. 1887.—This, like most of Mr. Smiles's works, is very readable. It is full of short biographical anecdotes of men who have distinguished themselves by their brain-work, and illustrates how generally great men have been great workers. "It is not money, nor station, but brains and work that confer the highest rank and constitute the motive power of mankind." But while he adduces numerous instances of the great results achieved by persevering work, he is careful also to point out the serious evils which often arise from neglect of ordinary care in the prosecution of it. In a chapter on "The Literary Ailment—Over-work," he gives numerous instances of the mischief arising from over-work of the brain, and calls attention specially to the injurious effects of over-pressure in schools, connected with the system of competitive examination. "The waste of life, health, and sanity involved by this blood and brain tax of competitive examination is terrible to contemplate. Instead of education fortifying the mind and body for the world's work, strengthening the character by habit and discipline, filling the mind with useful and practical knowledge, developing courage, patience, tenacity of purpose, and physical endurance as the foundation of the practical exercise of these great moral qualities, education, as now conducted, seems rather to be a cramming and forcing into the mind of certain descriptions of knowledge, calculated merely to enable one to 'pass' in a competitive examination, but of comparatively little use in the business of actual life." The next chapter on "Health Hobbies," or, as it might have been termed, the recreations of brain-workers, is one suggestive of the means to be adopted to counteract the evils pointed out in the preceding chapter, and is well deserving attention. The author gives many instances of the hobbies on which distinguished men have ridden to relieve their minds from the grind of their regular work—sidings into which they were accustomed to shunt their engines for a rest. "The gospel of leisure and recreation is but the correlation of the gospel of work; and the one is as necessary for the highest happiness and well-being of man as the other." The volume before us is not one to be read through at a sitting, but it is one which may be taken up for a half-hour's recreation after a hard spell of work. It contains much to interest a large class of readers, and many points deserving the careful consideration, especially of those who are entrusted with the charge of others, whether as children or patients. The book is well got up, and has a good and copious index.

Notes on Eight Lectures delivered to the Quetta Ambulance Association. By Surgeon C. J. ADDISON, Army Medical Staff. Pp. 36. Karachi. 1887.—*On the Organisation of an Ambulance Class.* By Surgeon C. J. ADDISON. Pp. 7. Karachi.—Mr. Addison is entitled to credit for zeal in having organised an ambulance class at Quetta during the hot weather, and having delivered a course of lectures to it. But some of his descriptions are far from accurate, and, as a handbook, the notes are hardly likely to supersede those already in use. His hints on the formation of an ambulance class may possibly be helpful to any who undertake a work of this kind; but where did the author find such a word as "apparati"?

The Refraction of the Eye. A Manual for Students. By GUSTAVUS HARTRIDGE, F.R.C.S., Assistant Surgeon to the Royal Westminster Ophthalmic Hospital, &c. Third Edition. Pp. 240. With 96 Illustrations. London: J. & A. Churchill. 1888.—The merit of Mr. Hartridge's work has, we are glad to see, led to the issue of a third edition, and in this the author has taken advantage of the criticisms that have been made upon the book and of his own more mature experience, both in practice and teaching, to clear up some passages previously obscure, and to make numerous additions both in the text and in the illustrations. It is a very handy and thoroughly reliable volume.

Men and Women of the Day.—Messrs. R. Bentley and Son, New Burlington-street, have just published under this title the first number of a monthly series of photographs. It contains three large-sized, well-executed, life-like portraits, by Barraud, of the Marquis of Hartington, Miss Mary Anderson, and Cardinal Newman, with biographical notices. This serial will form a popular picture gallery of contemporary portraiture.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.—The annual meeting of this Association was held on the 27th ult. The report of the committee showed continuous prosperity, with a steady increase of funds. The following gentlemen were elected office-bearers and members of Committee for the year:—President: H. Simpson, M.D. Vice-Presidents: J. Broadbent, Esq.; T. N. Dean, Esq.; J. Foster, Esq.; Emrys-Jones, M.D. Treasurer: D. Lloyd Roberts, M.D. Secretaries: A. Wahltuch, M.D.; F. H. Collins, M.D. Committee: R. Crean, M.D.; A. Denholm, Esq.; W. Lauder, M.D.; W. T. Martin, M.D.; S. H. Owen, M.D.; C. Holmes, M.D.; H. P. Ilderton, Esq.; E. Jackson, Esq.; F. M. Pierce, M.D.; T. C. Railton, M.D.; R. C. Smith, M.D.; W. Walter, M.D.

Analytical Records.

JOHANNIS MINERAL WATER.

(W. W. ROGERS & Co., 5, GREAT WINCHESTER-STREET, LONDON.)

THIS water is said to be that of the Johannis Brunnen, near Niederselters in Nassau. We found in it 176·15 grains per gallon of solid matter, which consisted mainly of calcium, magnesium, and sodium as carbonates and chlorides, but no iron. The water is slightly aerated and of good flavour. It belongs to the class of saline table waters, and its composition seems to point it out as suitable for domestic use.

FLORADOR; FINE, MEDIUM, COARSE.

(FLORADOR FOOD COMPANY, GLASGOW.)

A granulated preparation, which we find to consist of pure wheat flour. The grains are very uniform in size, and the three varieties are well adapted for blanc-mange, or cakes, puddings, and soup. The preparation is excellent.

EXT. COLLINSONIA CANADENSIS LIQUIDUM (HOCKIN): STONE OR KNOB-ROOT.

(HOCKIN, WILSON, & Co., DUKE-STREET, MANCHESTER-SQUARE.)

The active principle of this interesting American plant is said by some to be present chiefly in the root. According to Lochman, however, the leaves contain more. The extract is extolled as a remedy in diseases of the urinary and generative organs, and for a variety of other purposes, including the treatment of anæmia, incipient phthisis, and, externally, of wounds and ulcers. We cannot speak from personal experience of its value, and are inclined to think its claims somewhat too wide, but the present preparation is evidently well made, and deserves some careful trials.

PUMILIO PINE PRODUCTS.

(G. & G. STERN, BILLITER-SQUARE.)

The essential oil of the Pumilio pine is a terpene of peculiar aromatic odour, which distils readily with water. We have received samples of the essence, of an extract, and of jujubes, all of which yield the oil easily. They are well prepared, and afford every facility for the administration of the drug internally or externally. Its ordinary employment is for bronchitis and throat affections; but it is also recommended for skin diseases, rheumatism, gout, and many other affections, as to some of which we must confess to a little incredulity. It is, moreover, suggested as a disinfectant and deodoriser, and here incredulity passes into disbelief. Nevertheless, this pine product seems to possess a real value and to be worthy of further study.

PURE SOLUBLE COCOA.

(MACONOCHIE BROS., LOWESTOFT.)

We have analysed this cocoa, and find that it is unadulterated, free from excess of fat, easily miscible with water, and good in flavour.

OBERBRUNNEN WATER.

We find in this water considerable quantities of the chlorides, sulphates, and carbonates of calcium, magnesium, and alkaline metals, including lithium, which is easily detected by the spectroscope. It is an interesting water, and one which ought to be valuable.

New Inventions.

A NEW INSTRUMENT FOR EXAMINING CERTAIN PARTS OF THE LARYNX.

THERE are certain parts of the larynx which cannot be illumined by the ordinary methods in use. The light is interrupted by overhanging structures, and a shadow of these structures is cast upon the spaces below. This is true both of the front of the inter-arytenoid space and of the spaces immediately below the two vocal cords. Here the arytenoid cartilages and the vocal cords obstruct the light, and their shadows spoil the view below. Important diseases occur in both these positions, and it is therefore essential to have a ready and effective means of recognition. The instrument I have designed for this purpose consists of a small mirror mounted on a stem which has a laryngeal curve. The mirror is in a straight line with the stem, but may be bent by a spring to a position at right angles with it. The mirror can also be completely rotated around the axis of the stem. The method of use is to place the small mirror opposite and slightly below the structures to be illuminated, and then to bend the glass upwards till the image is seen in the mouth mirror used in the ordinary way. The application of cocaine or some such local anæsthetic to the interior of the larynx is necessary, as the instrument requires to be placed on most sensitive surfaces. Thus, in the examination of the front of the inter-arytenoid space, it should be placed on the lower part of the back surface of the epiglottis, and just below and between the vocal cords for the examination of the subglottic spaces. The mechanical arrangements for altering the position of the mirror resemble those of Fränkel's posterior rhinoscope. It may, indeed, be used as a rhinoscope as well as for the purposes above described. My suggestions have been most skilfully carried out by Messrs. Mayer and Meltzer of Great Portland-street.

LAWRIE A. LAWRENCE, F.R.C.S. Eng.

ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE fourth annual meeting of the above Association was held at the Holborn Restaurant on Jan. 31st, at 6 P.M., Dr. Robert Collum, President, in the chair. The business was of a formal character, and there was a scanty attendance of members.

The Chairman, after referring to the death of Mr. Sampson Gamgee of Birmingham, one of the vice-presidents of the Association, said that the memorial to Her Majesty in Council, which had been signed by 4665 Members of the Royal College of Surgeons, had been presented last May, and since that date several other signatures had been received. He then called attention to the general meeting at the College of Surgeons on Nov. 3rd last, when, in a full theatre, a resolution was almost unanimously passed to the effect that Members of the College should be eligible to sit on the Council and vote in the election of members of that Council. On that occasion a strong protest was made against the proposal of the College authorities to pull down the College premises, No. 38, Lincoln's-inn-fields, in order to build a residence for a College official, and it was suggested that the rent of these chambers should be applied to found scholarships for the sons of the poorer members of the profession. The resolution passed at the College meeting was, on Nov. 10th, handed to the Lord President of the Privy Council by a deputation of this Association, introduced by Sir Guyer Hunter, M.P.; with it was sent every article bearing on the memorial which had been published by THE LANCET and the *British Medical Journal*. The Government was now engaged in the consideration of this matter, and the committee confidently looked forward to receiving a favourable response at no distant date.

The annual report and balance-sheet having been received and adopted, and the officers for the ensuing year elected, the following resolution was put to the meeting:—"That this Association pledges itself to continued action, by every legitimate means, until due representation on the Council of the College of Surgeons has been obtained by the members." The motion was carried *nem. con.*, and the meeting then adjourned.

The first Association dinner was held afterwards in the Holborn Restaurant, at 7 P.M., Dr. Robert Collum in the chair.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 4, 1888.

IT is no discredit to medical charges that they do not show to advantage in a court of law, and are not a fit subject of debate in such a place. Not that we often have occasion to complain of unreasonable judgments, so far as the facts can be stated and understood. But there is something in the very nature of medical service that appeals to the recipient himself in a peculiar way. The appeal is so successful in the majority of cases that medical charges are rarely disputed. In regard to the recent case of COUMBE *v.* HANSON and another, we believe that had Sir REGINALD HANSON been the actual patient he would never have disputed the bill of Mr. COUMBE as he has done. Had he himself been the subject of comminuted fracture of the femur, been quickly waited upon by a neighbouring surgeon and taken into his house, with his wife and nurse, and in eight or ten weeks cured of such an injury without deformity or disability, we venture to say his views and his actions would have been very different from what they were in this case. We are not careful to defend every item in Mr. COUMBE'S bill. We are not competent to gauge the value of his house as a house agent did, and to say that £10 a week was only a reasonable charge for such accommodation. But looking at the broad facts of the case and the skill and thoroughness with which Colonel BRODHURST was cared for and cured, we can only regret that the case ever came into court, and that the medical charges were not paid promptly and spontaneously. Of all unreasonable things said against the plaintiff in this action, one of the most unreasonable is attributed in *The Times* report to Dr. WAUGH, who is reported to have said that he considered Colonel BRODHURST'S case an easy one, because the cure was so perfect. Surely it is incorrect reasoning to argue from the perfection of a cure, not the skill of a medical brother, but the easiness of the case. The remarks of the judge and the verdict of the jury will serve to convince the defendants of the mistake they made. We believe the opinion of most business and professional men who have duly considered the subject will coincide with the verdict of the jury, and will recognise that the case was a special one, and worthy, in every view, of being well paid for. Many people seem to think it easy to say beforehand exactly how much such a case as this is to cost, and to lay down the exact charge for every item of service or accommodation. No doubt it is reasonable to try to give, where asked to do so, an estimate of the cost or of the principles of charge. But a little reflection will show how impossible in such a case it is to be particular beforehand. Some of the items which to London men seem most questionable might, with a deeper knowledge of country practice, appear quite reasonable. Take one. Two guineas for getting a nurse seems a questionable charge, but a clumsy nurse might have spoiled the efforts of a surgeon in such a case, and Mr. COUMBE seems to have gone over to Reading personally to select and to bring one, and so to have done a very good day's work for his patient. No one can say what will be the duration of such a case, or the details of trouble which it may involve, and on which the issue of the case may turn. Apart from the actual professional responsibility of such a case as Colonel BRODHURST'S, the dislocation of the whole of a medical man's plans and household arrangements in September was an item of huge inconvenience. Sir REGINALD HANSON said that he took rooms for Colonel BRODHURST and was prepared to have him removed. But it was at the Colonel's own request that he was taken to Mr. COUMBE'S; and to have removed him after the leg was put up in splints might have been, professionally speaking, an objectionable proc dure. We do not need to go further into the case. We congratulate the Colonel on having met with so efficient a surgeon, and Mr. COUMBE on having his charges substantially recognised. We know Sir REGINALD HANSON too well to believe that he meant to be illiberal to a medical man, but the case and the judgment on it of the Court and of experienced men outside will lead him to form a higher estimate of medical and surgical service than was implied in the sum offered to Mr. COUMBE.

NATURAL HISTORY is an enticing study, which may be pursued in many directions besides those of animals and vegetables. For instance, the natural history of Theories might be written; its outline would show how a theory is propounded, made current, accepted blindly by enthusiasts, and found to explain everything; proved to be contrary to Scripture (here we may end the first Act, and imagine twenty years to elapse); calmly investigated; proved to have nothing to do with religion, faith, or morals; limited in its application; shown to have been discovered before; and finally made a test of the soundness of a man's scientific or other belief, and erected into a sort of ordeal of an "odium scientificum," or other odium.

Another natural history which might be written is that of Panaceas; its outline would show how they originate — generally abroad; how someone writes an account of them in English; how everyone rushes into print to show that he was not the only man to go to for treatment; how they are all described as "the greatest triumph of the century," and this the more certainly the smaller they are; how they are universally adopted (here we drop the curtain for the end of the first Act, and allow many years to elapse); how they are finally investigated, and often found to contain nothing. Another curious fact about them is that the same persons stand godfather to each member of the family as it is born, that the threatened death of the last infant is always a premonitory sign of the birth of another, and that the godfather forgets his last godson just in time to qualify him for sponsorship to his successor. This little act of forgetfulness is like the same great quality displayed by Cabinet Ministers, and implies a most convenient loss of memory on the part of their audience or readers. Still, if done naturally, it is generally successful. A man need not live very long before he recognises a panacea by its family likeness to the others and this may arouse enthusiasm or suspicion in his mind, according to his temperament.

The member of this family with which we are just now concerned is Trachelorraphy. The advantages to be derived from it are of course equal and opposite to the disadvantages attaching to the condition which it was supposed to cure—namely, laceration of the cervix. What these latter are has been lately investigated by Professor E. NOEGGERATH of Wiesbaden in the *Berl. Klin. Woch.*, 1887, No. 41, who has taken most of the alleged consequences of laceration of the cervix in detail, and has carefully tested their title. He begins with Dr. EMMET'S lecture in the New York County Medical Society, in which he said: "I examined, discovered a laceration, operated, and cured the patient." He compares the flood of operations which followed with wholesale cauterisation of the cervix and the application of pessaries to cure displacements, both of which treatments are either actually or practically dead; and he might have also included Division of the Cervix, Massage, and Electrolysis. Trachelorraphy is by no means defunct if we may judge by Dr. THOMAS'S utterance not long since in a lecture on puerperal fever before the New York Academy of Medicine: "In my opinion the operation for lacerations of the cervix, as introduced by Dr. EMMET, is one of the greatest triumphs of gynæcology in the last quarter of a century." He also quotes an utterance of Dr. THOMAS, which he himself heard in the winter of 1885-6 from Dr. THOMAS'S own mouth: "The only way to cure a retroflexion is Trachelorraphy." As regards the influence of lacerations in producing cancer, our readers will remember an interesting observation in Dr. JOHN WILLIAMS'S recent Harveian Lectures, concerning a cancerous cervix, the only non-cancerous part of which was the site of an old laceration. Dr. NOEGGERATH traces the spread of the treatment to England, France, and Germany. The following is a brief abstract of the contents of his paper.

Among the affections which have been claimed as results of lacerations of the cervix are these: (1) eversion of the lips of the cervix, (2) uterine catarrh, (3) erosion, (4) hypertrophy of the cervical mucous membrane, (5) cervical metritis, (6) cervical stenosis), (7) subinvolution of the uterus, (8) development of ovula Nabothi, (9) retroversion of the uterus, (10) retroflexion of the uterus, (11) prolapse of uterus and vagina, (12) chronic parametritis, (13) chronic parametritis "atrophicans" (?), (14) ovaritis, (15) salpingitis, (16) carcinoma, (17) abortion, (18) sterility, (19) general anæmia, (20) convulsions, (21) epilepsy, (22) catalepsy, (23) dementia, (24) salivation, (25) puerperal melancholia and mania, (26) somnolence. References can be given for each of these statements, many of the names of those who endorse them being German. Dr. NOEGGERATH has collected 100 suitable cases out of his own practice, 50 of whom had no laceration, and 50 bilateral lacerations, reaching up to or beyond the vaginal insertion. His tables contain details as to the age of patients, length of married life, number of children, position of the uterus, length of its cavity, state of the cervix, and diagnosis of the disease.

The *position of the uterus* was normal, or in a position of slight anteversion or anteflexion, in 24 women without lacerations and 25 women with lacerations. The other displacements are practically identical in the two classes. For instance, the total number of cases of retroversion, retroflexion, and descent is 13 in those without lacerations, 14 in those with lacerations; and it must be remembered that the proved relation between descent and backward displacements is such that it would hardly surprise us if laceration did produce some slight effect in this direction. It does not, however, do so.

As regards the *number of pregnancies* in each class, the number of women who had one child only was in the class without lacerations 16, in the class with lacerations 8—i.e., twice as many women who had no lacerations became sterile after their first child as those who had lacerations. From 2 to 5 children were borne by 26 women without and 35 women with lacerations. The 50 women without lacerations bore 173 children, those with lacerations 185; or, in other words, laceration appears to be favourable to fertility.

With reference to *abortions*, 12 women without lacerations and 8 with aborted; of those without lacerations 8 aborted once, 4 twice; of those with lacerations 2 aborted once, 1 thrice, 1 four times, 1 seven times. Thus the total number of abortions in both classes is 16.

As regards the *effect of lacerations on the length of the uterine cavity*, the total length of the 50 uteri without lacerations was 382 centimetres, as against a total length of 361 centimetres in the 50 women with lacerations. If it be objected to this that eversion of the lips diminishes the length of the cervix as measured by the sound (which seems to be giving up the contest), it cannot be claimed that the uterine cavity is *longer* in cases of laceration. The "normal length" of 6·5 centimetres (2½ inches) was found in 12 women without lacerations and in 16 women with lacerations.

Erosions were present 33 times in cases without lacerations, and 27 times in cases with lacerations; and, moreover, the absolutely normal condition of surface was found in cases in which the eversion of the lips was greatest.

The *condition of the cervical tissue with respect to size, firmness, and colour* was absolutely normal in 18 cases free from lacerations, and in 26 cases with lacerations; and those with lacerations showed a distinctly healthier condition than those without them.

As regards *concomitant diseases of the uterus and its appendages*, we remember that the uterine cavity was found larger in those without than in those with lacerations. In correspondence with this, the more serious affections which accompany subinvolution (metritis, cervical metritis, hypertrophic endometritis, fungous endometritis) were found less frequently in cases with lacerations (28 without and 20 with lacerations). With the exception of metritis, the cases complicated by subinvolution were equally distributed between the two classes (1 in each). The very affection which we might have imagined that lacerations might produce (hypertrophic endometritis with subinvolution and cervical affection) was practically the same in both (13 cases without and 12 cases with lacerations). The only affection more frequent in cases of laceration was simple catarrhal endometritis (7 in cases without laceration, 15 in cases with laceration); but from this, considering the great frequency of the ailment under all conditions, and the smallness of the numbers affected by it in this series, little follows.

Regarding the *production of eversion*, the lips of lacerated cervices were everted in 24 cases, not everted in 26. The position of the uterus was normal in 11 cases with and 13 cases without eversion. It was normal or in a state

of anteflexion or anteversion in 19 cases with and in 15 cases without eversion. Thus in cases of eversion backward displacements are less common. In cases with eversion, on the other hand, descent and backward displacements occurred in 4, and in cases without eversion in 9. The tissue of the cervix in cases of eversion was normal in 7, and in cases without eversion in 21. Hypertrophy and other signs of inflammation were present in 16 cases of eversion and in 5 cases without eversion. The eversion thus depends on the swelling of the lip or lips. A good many cases of eversion are due to the action of the Sims speculum, which, with the retractor, drags the lips apart. Such a question should be decided by the finger rather than by such a speculum.

The author sums up the results of his inquiry as follows: 1. Women with lacerations are more prone to conceive than those without; they also are less liable to miscarry. 2. The position of the uterus is not affected by lacerations. 3. The axis of the uterus is not elongated in consequence of lacerations. 4. Erosions and ulcerations are as common in one class as in the other, and disease of the cervical tissues is not more common in lacerated than in unlacerated cervices. 5. Lacerations have no influence in producing uterine disease, either as regards frequency or intensity. 6. Eversion of the lips is never the direct result of a laceration. The restoration of the shape of the cervix can have no influence on the uterus.

Several points strike us on reading the paper. First, as to the selection of the fifty cases without lacerations. How were these chosen? Others will occur to our readers. Still, this contribution is most valuable; it is a challenge which cannot remain unanswered, and it advances the theory one step farther (up or down?) in its life history. Such contributions (like those of VEDELER and HERMAN on uterine displacements) are always welcome. It is unfortunate that they always necessarily appear late in the history of a Theory or Panacea.

EARLY in December last the Local Government Board issued a circular letter to those sanitary authorities who had obtained powers for the compulsory notification of infectious diseases, in which they stated that since they had the extension of the system under consideration they were desirous of obtaining information as to its working in towns where it was already in force under local Acts. And with a view of eliciting the information in much the same form from the various localities, definite questions were put under a series of headings, and the several medical officers of health were requested to make reports on the subject. The report compiled by Mr. NORTH for the city of York is of considerable interest as embodying the views of an experienced health officer.

In York the number of diseases notified was 356 and 409 respectively in 1886 and 1887. The notification is, under the Act, required both from the householder and the medical man in attendance; and by direction of the sanitary authority the certificates are sent direct to the medical officer of health. At least once a day these certificates are dealt with, and the inspector of nuisances then leaves certain notices with the occupier of the affected premises, at such public elementary school as any of the family may attend, and with the clerk to the School Attendance Committee. The action taken in other respects necessarily depends upon the nature of the disease notified; but Mr. NORTH makes it an all but invariable practice to inspect houses in which enteric fever is said to exist, and to take special measures as regards provision-shops, milk-shops, &c. He rarely sees the patient, and when he does it is on special request. The various school officials, clergymen, and others are stated to concur in the opinion that the notification is of real value; the notices sent to the schools are acted on with loyalty, and no instance has been met with in which children have been admitted to a school after the usual notice as to sickness has been issued. With the exception of one or two irregularities, admitting of explanation and occurring in the practice of an unqualified practitioner, no failure to notify by a medical man is known of, nor has any case been heard of in which irregular advice has been sought in order to avoid notification. In a few instances scarlet fever was not reported where there was no medical attendant.

In answering the question as to the practical difficulties which may have arisen in connexion with the system, Mr. NORTH asserts that he has never heard of any, either on the part of medical men or the public; unless, indeed, complaint by a few parents as to the length of time their children were excluded from school can be reckoned as such. He feels that it is too early to speak definitely of the results of notification in York in arresting disease, but he firmly believes that it materially assisted in checking a recent epidemic of enteric fever; and it is held that the information it affords as to the geographical distribution of disease and otherwise must necessarily assist in the adoption of preventive measures; it also has an important educational value in so far as the public are concerned, and it induces habits of mutual care.

As to the person by whom the notification should be made, Mr. NORTH speaks very decidedly. He regards notification by the medical attendant as an absolute necessity if the system is to be of the slightest value, such notification ensuring promptness and also accuracy in diagnosis, thus getting rid of interference on the part of the medical officer of health, which would conduce to friction and make shipwreck of the system. But he thinks the householder should also notify, and, if for no other reason, because such a requirement justifies the medical attendant in the eyes of the family. By way of possible improvement in the system, Mr. NORTH suggests whether it is not desirable always to make it obligatory on the part of the authority to supply the information received to all schools likely to be affected, whether elementary or not.

Mr. NORTH thinks the success obtained in York is in part due to his being in practice; he declares that his action has never in a single case disturbed the relations between the sick person and the medical attendant, and he quotes the following resolution adopted in December last at the York local Medical Society: "That the notification of certain infectious diseases by the medical men in York to the sanitary authority has created no friction between medical men and their patients, or between the profession and the sanitary authority."

As regards the need for hospital provision in order to give due effect to the system, Mr. NORTH holds that notification is of considerable value even where no hospital

accommodation is provided, but that a suitable hospital into which all classes may be admitted without difficulty is an essential requisite if the information is to be properly utilised in endeavours to arrest the spread of infectious diseases. We may note in this connexion that York has for many years past possessed a hospital for the isolation of such diseases, and that since the introduction of the system of compulsory notification it has been decided to practically double the amount of accommodation available.

JUDGED by its death-rate, the health-condition of England and Wales in 1887 was more favourable to life than it had been in any preceding year since the establishment of civil registration in 1837. The Registrar-General's quarterly return relating to the three months ending December last, just issued, contains the usual summary of the vital statistics for the entire year, from which it appears that the English death-rate in 1887 was equal to 18·8 per 1000 of the estimated population, the lowest rate on record, the nearest approach to it being 18·9 in 1881. During the first seven years of the current decennium (1881–90) the death-rate in England has ranged between 19·6 in 1882, and 18·8 in 1887, the mean rate during the seven years being 19·2, against 22·5 in 1861-70, and 21·4 in 1871-80. It is especially noteworthy that the recorded death-rate in each of the seven years 1881-87 was lower than the rate recorded in any year prior to 1881. The mean rate in these seven years was no less than 2·2 per 1000 below the mean rate in the ten preceding years, and the Registrar-General points out that the continued depression of the death-rate during these seven years implies that more than 400,000 persons were alive in England and Wales at the end of last year whose deaths would have been recorded during the seven years if the mean rate of mortality had equalled that which prevailed during the ten years 1871-80. Compared with the statistics of 1886, the mortality from measles, scarlet fever, and small-pox showed an increase last year, while that of diarrhœa, whooping-cough, and "fever" had declined. The death-rate from measles was higher than in any year since 1840, while that from whooping-cough was the lowest on record. Although the death-rate from small-pox showed an increase upon the unprecedentedly low rate in 1886, only 505 deaths from this disease were registered in England and Wales during last year. The death-rate from "fever" was 0·20 per 1000, corresponded with the rate in 1885, and was lower than the rate in any other year on record. The mean death-rate from "fever," which was 0·91, 0·89, and 0·50 in the three preceding decennial periods, did not exceed 0·25 in the first seven years of the current decennium. No more conclusive evidence could be adduced of the reality of recent sanitary progress in England. A very considerable proportion of the saving of life in England during the last seven years, to say nothing of the vast amount of sickness avoided, is due to the marked decline of the mortality from what are now generally known as the principal zymotic diseases.

THE Queen has been graciously pleased to give directions for the following appointment to the most distinguished Order of Saint Michael and Saint George:—To be an ordinary Member of the Third-class or Companion of the said most distinguished Order: Samuel Leonard Crane, Esq., Surgeon-General of Trinidad.

Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS AND THE PRIVY COUNCIL.

IN another place we publish both the Statement which was presented to the Lord President of the Council on behalf of the Association of Fellows of the Royal College of Surgeons in November last, and the Reply of the Council of the College to that statement. Were it not impossible to conceive that the Council would be so unwise as to refuse to treat the matter seriously, this Reply would merit grave remonstrance. But, under the circumstances, it must be accepted as sincere and genuine, and the best the Council can supply. It needs no great critical acumen to discover the inconsistencies, contradictions, and irrelevancies of this Reply. They lie on the surface, and are not likely either to convince or to mislead anyone. No one who has followed the course of the recent agitation can fail to be impressed by the futility, feebleness, and inconsequence of the whole argument by which the Council of the College attempts to justify its conduct. It is, perhaps, enough to say that this reply is on a par with that remarkable "Statement" which was prepared by the President and Vice-Presidents and eventually presented to a general meeting of Fellows and Members held on Dec. 17th, 1885. It is hardly necessary to pick out any particular utterance as an example of the unsatisfactory way in which the Council of the College replies to the Statement of the Association of Fellows; one or two specimens may, however, be given. In reply to the allegation made by the Association of Fellows that the Council of the College had not consulted the Fellows and Members respecting the amalgamation with the College of Physicians for the purpose of examination and the exclusion of the Society of Apothecaries, the Council entrenches itself behind a vote given on a general proposition at the meeting held in March, 1884. But it is silent on the circumstance that at that meeting only eighteen persons voted on the particular proposition—twelve for and six against; while at that meeting, and on several other occasions, large and overwhelming majorities voted in favour of the proposals that Fellows and Members should be invested with a larger share in the management of the College; that Members should, under certain limitations, be empowered to vote for members of the Council and to sit in the Council; that no alteration should be made in the constitution or relations of the College, or in any of its bye-laws, without the consent of the Fellows and Members convened to discuss such alteration. All these the Council practically refuses to adopt or quietly ignores. Again, the Lord President is told that the Council did not *discuss* the alleged proposal to elect annually fifty Members of the College to the Fellowship. The point is: was the proposal ever made? If it was, was it not the energetic action of the Association of Fellows which prevented its *discussion?*

THE SALIVA AND GASTRIC DIGESTION.

G. STICKER[1] concludes from his observations that the notion that the salivary secretion plays no part in gastric digestion is erroneous; that, on the contrary, the presence of saliva in the stomach has a direct effect in promoting the secretion, of gastric juice. The deduction was made from a case which presented a marked deficiency in the salivary secretion, and in which an examination of the contents of the stomach proved that the gastric juice was diminished in quantity, and proteolysis impaired. By administra-

[1] Volkmann's Samml., 297. Abstr. in Fortschr. d. Med., 1888, No. 2.

tion of jaborandi the saliva was increased in amount and the digestive powers restored. Since it is not known that this drug has any effect upon the secretion of gastric juice, it was inferred that the restoration of the latter was due to the entrance of saliva into the stomach. A simple experiment seemed to bear this out. The white of three eggs was introduced into the stomach of a man, and the contents of the viscus withdrawn at the end of two hours. On one occasion he was forbidden to swallow saliva, and on another allowed to do so. It was found that in the first case the stomach still contained intact albumen as well as undigested starch, and the gastric juice yielded a very feeble peptonising power; whilst in the second digestion had been entirely effected. That this result is not due to an assumed increase in peptogenic substances in the blood by the conversion of starch into dextrin, but to the direct influence of the saliva, was shown by withholding starch in the above experiment, when it was shown that albumen was normally digested so long as saliva was suffered to pass into the stomach.

THE SHEFFIELD EPIDEMIC AND VACCINATION.

THE corporation of Sheffield and the guardians of the Sheffield and Eccleshall Unions are now acting in concert with a view to staying the spread of the epidemic of small-pox; and it is evident that this result can only be attained by resort to vaccination and revaccination as a primary measure of prevention. Dr. Barry has urged house-to-house inspections, the appointment of deputy vaccination officers, and other steps with a view of giving every possible opportunity for protection by vaccination; and there is but little doubt that the speech of the President of the Local Government Board at Sheffield on the 30th ult. will have a material effect in promoting the only means of prevention which can be trusted in. Armed with the latest official information, Mr. Ritchie referred to the statements that had been made to the effect that the Sheffield epidemic proved a case in favour of those who were opposed to vaccination, and he at once proceeded to prove, on the overwhelming evidence of the true facts, how false such statements are. Careful estimate shows that of children under ten years of age in Sheffield the unvaccinated numbered about 5000, and the vaccinated about 95,000. Out of the 95,000 vaccinated there had been 189 attacks and 2 deaths; whereas out of the 5000 unvaccinated there had been 172 attacks and 70 deaths. And, to put the matter otherwise, it was shown that if all the Sheffield children under ten years had been unvaccinated there would have been 3277 attacks and 1330 deaths, or a mortality 600 times greater than that which had occurred; whereas if all had been vaccinated the 189 attacks would only have been raised to some 200, and the 2 deaths could hardly have been exceeded. The truth is that amongst vaccinated children small-pox attacks, which are mainly due to the unvaccinated, are so mild as to involve but little risk; and if the vaccination be a proper one risk of death is practically *nil*. Comparing Mr. Ritchie's and Dr. Barry's statements in Sheffield, we observe that whilst the latter speaks of revaccination at twelve years of age, his chief advocates it at ten years, and indeed admits that when that age is reached a primary vaccination has lost much of its original protective power, and hence needs repetition. The contrast between the two speakers lies in the fact that the inspector is tied by the existing regulations, and we trust that Mr. Ritchie's reference to the lesser age means that he intends to bring the existing official regulations within the limits of the opinion which he has given utterance to. As to the efficacy of revaccination in Sheffield, it appears that amongst the 290 post-office officials—postmen, carriers, and telegraph messengers, who cannot take duty without first being vaccinated, which operation is commonly a re-vaccination—not a single case of small-pox has arisen. In the meantime cases of small-pox are heard of from Derby, Tideswell, Chapeltown, Worksop, and Louth, in addition to places already referred to. At Thorpe-Hesley a fund has been raised to support and maintain any patients, and those depending on them, attacked with small-pox within two miles of the place, so that there shall be no inducement for them to spread the disease whilst continuing their ordinary occupation.

THE PROPOSED TEACHING UNIVERSITY FOR LONDON.

SINCE the meeting of the Convocation of the University of London on the 17th ult., various communications have appeared in some of our contemporaries, especially in *The Times* and *Daily News*, showing that the public interest in the question of a Teaching University for London is increasing. On Jan. 31st the former journal devoted three columns to a very clear and lucid account of the history of the movement, so far as the University of London, the Colleges of Physicians and Surgeons, the Association for Promoting a Teaching University in London, and the Councils of King's and University Colleges were concerned. The history differed in no important particular from that which we have so many times laid before our readers. The writer, however, does not seem to be aware of the action which has already been taken by the members of our profession individually, and by the other professional corporations, such as the Society of Apothecaries, whose petition against granting a degree-giving power to the Royal Colleges we printed in a former number, and the Scotch Colleges, whose application for a Charter to give them a like power to any bestowed on the English Colleges we publish in our present issue. The writers in the *Daily News* are generally of opinion that the University of London can do everything that is necessary for higher education in London; but that it cannot and will not perform the functions of a "local University for London" is clearly shown by the articles in *The Times*, and has been pointed out by us repeatedly. The leader-writer in *The Times* sees the necessity of a Royal Commission for the proper solution of such a complex problem, and its complexity is even greater than is suggested by him. We may remind our readers that an inquiry by such a commission was urged by us on May 21st in last year, again in our issue of July 2nd, and on many occasions since—even as lately as the 21st ult. All the lay writers agree that the divorce of professional degrees from the higher academical education would be a grave misfortune.

PARAMYOCLONUS MULTIPLEX.

THIS affection consists in the presence of clonic spasms in various muscles of the body. It is allied to facial spasms and some cases of chorea, especially those occurring in the senile. In Seeligmuller's case the first muscular spasms supervened, at the age of five years, in the forearm muscles and in the left side of the neck. The spasms were more frequent during walking and in the upright posture than when the patient was resting. The play of the digits of the foot was comparable to that observed in cases of athetosis. Venturi asserts that the uterus, heart, diaphragm, and intestine took part in the clonic jerks of the skeletal muscles of a lady aged twenty-seven, who was frequently awakened from sleep by the return of the spasms. Frequently the superficial and deep reflexes are increased, but Hornen relates a case in which they were diminished. The facial muscles do not always escape. The duration of the affection is very prolonged and only sometimes influenced by treatment, of which the constant current appears to be one of the most valuable methods.

THE SOCIETY OF ARTS AND THE SWEATING SYSTEM.

FOUR years ago we published a special report on the Polish colony of Jew tailors, which in the East-end almost monopolises the sweating business of the tailoring trade. This report occasioned considerable controversy at the time. The matter was taken up by the Woman's Protective League, many meetings were held, and efforts made to establish a provident and trade society among the women victims of the sweating system. Mr. D. F. Schloss, as a member of the committee of the league, was very active in the matter, and finally the agitation led the Jewish Board of Guardians to appoint a sub-committee on sanitary affairs. Mr. Schloss was the secretary of this sanitary committee, and did very good work in persuading foreign Jews to conform with our English principles of hygiene. After more than four years of intimate acquaintance with the intricacies of the sweating system, Mr. Schloss appeared on Wednesday evening at the Society of Arts, and read a most elaborate and interesting paper on the subject. Sir Douglas Galton was in the chair; and Mr. Lakeman, Inspector of Factories, took part in the lengthy discussion which followed. Several workmen and workwomen, themselves sufferers, recorded how they had been compelled to contend with a method of production which contributes almost invariably to the moral and physical degradation of the workers. Mr. Schloss upheld our main contention—namely, the extremely insanitary condition of the sweaters' dens, and the fact that neither the Sanitary Acts nor the Factory Acts are efficiently applied. Interference with the overcrowding of a workshop, he maintained, was a thing, practically speaking, unknown. The vestries seem to leave such matters to the factory inspectors; but "sweaters" escape under Section 61 of the Act. Thus, out of 1478 workshops recently visited, the inspectors had no jurisdiction in 724 cases. In 387 cases these inspectors had no jurisdiction over the sanitary condition of the workshops. Thus, in 1111 cases out of 1478 the factory inspectors were powerless to effect any sanitary improvements. The Factory Act, in a word, does not apply to the sweating system, and those who drew it up can have had little knowledge of this system as now practised by foreign Jews in our midst. It is not too much to demand an immediate alteration, some modification which will render it possible to carry out the existing law and make it a practical reality. The Society of Arts, and particularly Mr. F. D. Schloss, have rendered good public service in again bringing forward this old but as yet unreformed grievance.

"HYSTERIA."

THAT the use of the word "hysteria" has been too indiscriminate, and has led to errors of practice has been the contention of many practitioners, but especially of Mr. D. de Berdt Hovell, whose paper before the Hunterian Society last week revives the subject. Mr. Hovell does not deny that there are cases of ovarian and uterine irritation to which the old word is not inapplicable, but he maintains that the old habit of attributing all sorts of neuroses in females to hysteria is fraught with cruelty and mischief. In a large proportion of these cases he holds that there is a veritable neurasthenia, with a history of shock, or of exhaustion, or of injury, which must be recognised in the treatment. He also defends the *bona fides* of hysterical patients, or would at least attribute their *mala fides* to morbid physical conditions not disentitling them to pity. There is much humanity in Mr. Hovell's view of this large class of cases, and much sound sense. It cannot, of course, be denied that women have nerves strung to finer issues and more multiplied sensations than are those of men, and that pain, *quâ* pain, is not necessarily such a serious or significant thing in women as in men. It is also true that a little gentle sternness in the medical treatment often does the patient good, and not harm. But Mr. Hovell does good service in reminding us that neurasthenia has deeper roots than we are apt to think, that it has close relations with graver neuroses, and that it may be well to be more chary in the use of a term which may narrow our conception of disease and may tend to mislead.

BURGH POLICE AND HEALTH (SCOTLAND) BILL.

A MEMORIAL has been presented to the Marquis of Lothian, from the Sanitary Association of Scotland, on the subject of the Burgh Police and Health Bill, which it is presumed will be again brought before Parliament. The object of the Association is to bring under the consideration of the Secretary of State certain defects in the provisions of the Bill, and to suggest the general principles on which sanitary legislation for Scotland should be based. The Association objects strongly to the amalgamation in one Bill of the legislation relating to public health and to police, and suggests that they should be dealt with separately. It also objects to the Bill in its present form, as confining the sanitary legislation to burghs, and making no provision for the improvement of the health conditions of rural districts. It desires to see the country divided into large sanitary districts, to each of which a medical officer of health should be appointed, and which would be of sufficient extent to require him to devote his whole time to his official duties. This would of course imply an adequate salary to compensate him for giving up all private practice. Such an arrangement would tend to remove the objections which have been justly made to a compulsory notification of infectious diseases in towns or districts where the health officer is also in active private practice. If this suggestion were adopted, it would be necessary to make the appointment of a health officer permanent, and subject only to the control of the central authority as regards suspension or dismissal. The Association also points out the necessity for an adequate staff, under the direction and control of the medical officer, to carry out the duties in an efficient manner. These recommendations all seem calculated to improve sanitary legislation. When the Bill comes again before the House, we shall, as in former years, notice in detail those points which appear to us to require amendment.

JOSEF HOFMANN.

IT will hardly surprise the majority of our readers to learn that recent reports of Josef Hofmann tend to show that the strain of his extraordinary musical performances has begun to tell seriously upon the boy's health. How far these rumours are capable of proof we cannot say. The evidence afforded by the daily press is certainly somewhat contradictory. It must be remembered also that popular impressions on the score of health are not always reliable; but there is enough, nevertheless, in the statements respecting his condition to justify the suspicion that fatigue, if not the actual beginning of illness, is counselling a more moderate expenditure of energy than has been usual hitherto. There is an unfortunate tendency, even among otherwise judicious trainers of children, to make the most—which is always too much—of any intellectual precocity which may have shown itself. It is much to be hoped that Josef Hofmann's most singular capacity will not be prematurely obliterated or his health ruined, as now appears but too probable, by any such mistake in management. No temporary blaze of fame, and no money consideration whatever, would compensate for an error so culpable. The Mayor of New York, we

are pleased to learn, is interested in the matter, and we may therefore expect that medical sanction will be required for any further taxation of the lad's energies. Such a proceeding is only right, for the public as much as young Hofmann's relatives are interested in preventing the possible early extinction of so remarkably promising a musician.

SOLVENT TREATMENT OF URIC ACID CONCRETIONS.

DRS. POSNER and GOLDENBURG [1] have made some experimental observations in the laboratory attached to Dr. Lassar's clinic at Berlin upon the solubility of uric acid in some of the more notable mineral waters and in alkaline solutions. Their experiments lead them to suggest that in cases of the uric-acid diathesis, especially in acute attacks of gout, the best and most powerful of such waters are those of Vals and Vichy. Less costly is the Fachingen; but others, such as the much-prescribed Wildungen, are not so efficacious as the prescription of bicarbonate of soda, in doses of from three to five grammes per diem, with plenty of water. Next in solvent potency comes Cantani's powder (of sodic bicarbonate, lithia, and potassic citrate), or lithium carbonate alone. In cases where only the diathesis has to be dealt with—i.e., in the intervals of or apart from acute attacks—the Fachingen water is suitable, continued for a few days, or the weaker springs, and, as drugs, borocitrate of magnesia, borax, or Cantani's powder. The urine should not, however, be allowed to become alkaline. The treatment of actual calculi is more difficult. Small concretions and gravel may be dissolved by a six days' course of Fachingen water, for experiment showed that at the temperature of the body this water reduced the weight of a portion of pure uric acid gravel from 0·202 to 0·180—i.e., 22 milligrammes,—or to the extent of 10 per cent. But in the case of large calculi such a result cannot be expected, and the treatment by these means of vesical calculus would be hopeless. The above observers think that Pfeiffer was far too optimistic in his advocacy of this line of treatment, the only practical result which can be hoped for being the effect of the treatment in influencing the consistency of the calculi and favouring their disintegration—a lithontriptic rather than a solvent action. It may be that after a course of Fachingen water a calculus will lose some of its uric acid, but its organic basis remains and favours fresh deposition.

[1] Zeitsch. f. klin. Med., xiii., Hft. 6.

MANUAL TRAINING IN SCHOOLS.

THE subject of technical education has for the past few years occupied a deservedly prominent place in public attention. Sir Lyon Playfair, Professor Huxley, and Sir John Lubbock, among others, have emphatically asserted its claims. They have reminded us that the purpose of education is not merely to fill the mind with a knowledge of facts, or even to lead it along the lines of a system of thinking, but that, in addition to all this, it has also a practical connexion with the business of life, and that no less in the case of the mechanic than of the professional man. It is high time that this aspect of education should be brought forward. School work and book work have come to mean much the same thing, with the necessary consequence that mental over-pressure is a common disease of childhood and youth, while foreign competition is a bugbear of trade. The value of handicrafts in affording a means of profitable diversion, while they actually promote intellectual proficiency, has already been proved in schools where a combined system of education is in force. The same idea is well expressed in two short papers on the "Training of the Hand," which have just been published by the Industrial Education Association of New York. A plea is put forward in each of these for the introduction of systematic manual training of various kinds into the ordinary school routine. Drawing, joinery, needlework in the case of girls, and the like, are intended by the promoters of this scheme to rank, as to a limited extent they already do, with the ordinary subjects of elementary education. They maintain that this arrangement would not only assist the development of physical strength, but that it must also confer upon the taught distinct mental and moral advantages. It tends to engender that most needful quality, concentration of intellect; it promotes a habit of mental accuracy; it trains the mind to value utility, to be practical without losing sight of the value of knowledge in itself, to be versatile and alert; and, finally, it acts, as we have already stated, as a useful preventive of over-pressure. It is not intended by any means to displace or disparage the more purely intellectual studies, but to supplement them, and it is naturally proposed as a desirable if not quite needful stepping-stone between general and purely technical education. The scheme thus considered, it seems to us, is one which will not wait long for acceptance in some form or other by the heads of educational departments. Its advocates are still in doubt as to the best method of incorporating it into the school system; but time, we may expect, will show that in this as in all other desirable reforms the decision, the will, and the way are but stages in one successful progress.

RESECTION OF LEFT LOBE OF LIVER.

THERE is hardly an organ in the body that has escaped the surgeon's knife. The liver has now been attacked, for Dr. Langenbuch [1] records a case in which he successfully resected the greater part of its left lobe, which had been extensively deformed by tight lacing, and had caused great inconvenience and trouble to the patient. The woman, about thirty years of age, was, in November, 1886, under treatment for erysipelas at the LAZARUS Hospital, and when about to be discharged convalescent she begged that she might be relieved of a painful abdominal tumour that rendered life unbearable, and caused pain both on standing and on lying down. On examination a tumour of the size of the fist was detected in the epigastrium, dense, elastic, not fluctuating, moving with respiration, and its dulness continuous with that of the liver. The diagnosis lay between hydatid tumour and deformity from tight-lacing (*Schnür-leber*), although the latter condition usually involves the right lobe. An exploratory incision proved that the case was of this kind, but involving the left lobe, and probably for that reason producing the painful symptoms. For the enlarged and indurated mass of liver substance in this situation overlies sensitive parts and organs, which it would compress against the convexity of the spine whenever the dorsal decubitus was assumed. Dr. Langenbuch decided that it would be advisable to remove the source of so much distress, especially as the portion of the lobe forming the tumour was practically cut off from the rest of the organ by a broad but ligamentous pedicle, and therefore it was functionally of no service. Accordingly, the pedicle was transfixed by ligatures, and the lobe excised. The same evening symptoms of severe internal hæmorrhage appeared, and, on reopening the wound, the abdominal cavity was found to be filled with blood; this was sponged out, the bleeding vessels secured, and no further trouble arose from that source. The wound healed, but recovery was somewhat retarded by the development of ascites, which necessitated tapping on two occasions. It could not be determined how far the ascites was due to the cardiac debility and hydræmia resulting from the

[1] Berl. Klin. Woch., 1888, No. 3.

previous prolonged attack of erysipelas and the profuse hæmorrhage, or how far it might have depended on the diminution of the hepatic circuit. There was œdema elsewhere, so the former hypothesis had some support. At any rate it was not permanent, and the patient left in February quite well. The portion of liver removed weighed 370 grammes (about twelve ounces), and Dr. Langenbuch says that the case shows the feasibility of removing the lobe of a tight-laced liver when this gives rise to serious discomfort. He explains the involvement of the left lobe in his case to the following circumstances. Up to the date of her marriage eight years ago the patient had worn a corset, which she had discarded on becoming pregnant, and had not reassumed. She believes that the liver, displaced downwards and forwards by the corset, now became subjected to pressure from the abdominal bandage which the patient had substituted for the corset; so that, as a matter of fact, the precise deformity which caused the discomfort resulted not from tight-lacing, but from its being omitted. This paradox would, we fear, add to the melancholy conclusion that once the evil habit is adopted it must be kept up if serious consequences are to be avoided.

MEDICAL PRACTICE IN NORWAY.

SOME interesting facts about medical practice in Norway are mentioned by a German ophthalmic surgeon, Dr. Jatzow, in a paper read to a Lübeck medical society. Norwegian medical students may pass through either a classical or a modern school, but must then study arts subjects at the University of Christiania for two years. These subjects include Latin, mathematics, philosophy, logic, and some natural sciences. Six years more must then be devoted to purely medical study, and as this period is not liable to the interruptions and distractions of the German *Kneipe* the amount of work done must be very considerable. It is important that every Norwegian practitioner should be acquainted with the branches of professional practice which in more thickly populated countries are largely left to specialists, a class of medical men which scarcely exists in Norway. The clinical instruction is, in the main, on the German model, and the text-books used are almost exclusively German, and are read in the original. French and English special works and monographs are also freely used. There are few Norwegian treatises or journals, the conditions under which practice is carried out being most unfavourable to the production of much medical literature. The total number of medical students is smaller than at any of the larger London medical schools, and the number of medical practitioners (according to the last statistics which Dr. Jatzow could obtain) is only 520. Of these, 142 are district surgeons, 50 are military surgeons, 10 are employed in the university, and 100 in hospitals, infirmaries, and asylums, so that there can only be about 220 in purely private practice, and of this number many have retired, and most of the rest are to be found in large towns, there being scarcely any practitioners in country districts except those with appointments. Each of the district surgeons has to attend the poor within a large area averaging about 330 square miles. For this he receives from £85 to £135 and his living and travelling expenses, which latter, as the journeys often take a whole day each way, are tolerably heavy. Even well-to-do people can scarcely afford much attendance when each visit taking two whole days costs say £3 for the fee and £2 10s. for the travelling expenses. There is, of course, considerable difficulty about medicines, there being only seventy-three pharmacies in all Norway, most of which, of course, are in the large towns. When summoned to go a long journey, the doctor usually has to carry a large supply of medicines with him, and this necessarily adds to the cost of the journey. Owing to very stringent temperance and sanitary legislation, alcoholism is very rare and syphilis not common, though sometimes the latter is spread to an extent which might be very much diminished by its early medical recognition and treatment.

VARIATIONS IN ACTIVITY OF REDUCTION OF OXYHÆMOGLOBIN.

THE method of hæmatoscopy adopted by M. Henocque, the thumb being the part used, has been employed to study the variations in the activity of reduction of oxyhæmoglobin in health and disease. Ice applied to the thumb diminishes the activity of reduction by two-thirds, but the resulting reaction triples the reducing power, and curiously the thumb of the other hand likewise has its power of reducing oxyhæmoglobin augmented. Local or general heat also increases it. Hot or cold douches effect an augmentation. Fasting, waking, and corporeal or intellectual fatigue diminish it, whilst exercise and massage increase it. In chlorosis the diminution in the activity of reduction is most remarkable. In cachectic states the diminution is proportional to the anæmia. In gout, obesity, jaundice, gastric derangement, and cirrhosis a diminished activity may exist without any notable falling off in the quantity of oxyhæmoglobin. An increase in the activity of reduction may be noted occasionally in health, in sanguine temperaments, in the congestive manifestations of arthritism, in rheumatic purpura, and in some cases of glycosuria; it coincides with a diminished quantity of oxyhæmoglobin in spinal irritation, alcoholism, and sanguine individuals after a loss of blood. The mean activity varies a little, but this may be present even when the oxyhæmoglobin is greatly reduced in quantity—as in gout, chronic alcoholism, tuberculosis, anæmia, and cardiac affections; but it is transient. Therapeutic agents, such as tonics, bitters, and NUX VOMICA, increase the activity of reduction; iodides regulate it; acetanilide diminishes it. Thermo-mineral medicaments have a different action, according to their mode of application.

MOORISH MEDICINE.

DON F. GUILLEN ROBLES, of Madrid, has been engaged in cataloguing and making abstracts from the rich store of Arabic MSS. on medicine in the Spanish national library. Although a good deal is known of the views and practices of the Moorish physicians during the period when Spain was under Mohammedan rule, there still remain many sources of information which have not been noticed by Leclerc in his "Histoire de la Médecine Arabe," by Bertherand in his "Médecine et Hygiène des Arabes," or by other authors who have dealt with the subject. It is to be hoped that Don Robles' work will be presented in a form in which it will be easily accessible to students of medical history throughout the world.

THE HOUSING OF THE POOR.

THE problem of improving the sanitary circumstances of the London poor still remains unsolved, but there is a general consensus of opinion that some motor power must be at once called into existence for the purpose of ensuring that inactive local authorities shall perform the duties which the law imposes upon them. In a thoughtful article by Mr. Harold E. Boulton in the February number of the *Fortnightly Review*, the writer urges that the Government should appoint an executive commission for this purpose. The proposal is well worth consideration, for it would be likely to produce results of some value, and its interference with existing legislation would be far less than any reconstruction of London government. But while he relies mainly upon a public remedy of this nature, he is not un-

mindful of the need for private remedies at the same time, and, among others, suggests the creation of refuges as temporary homes for destitute persons, where an attempt at sifting of cases might be made, and individual exertions applied to the finding of employment for men of good antecedents. Mr. Boulton's paper should be read by all interested in the subject.

UNIVERSITY POWERS FOR CORPORATIONS IN SCOTLAND.

THE demand by the English Colleges of Physicians and Surgeons for a new Charter to give them University powers as regards the Faculty of Medicine is producing its anticipated results. The Scotch corporations have discovered that they have immense merit, and that they are the people that have given the stimulus to high education and examinations. "There can now be no doubt," says one of their advocates in the *Scotsman*, "that the men who hold their licences have gone through as good a curriculum and passed as searching an examination as those who in yearly increasing numbers achieve the academic distinction of M.B. and C.M." We must leave the Universities of Scotland and its corporations to settle this statement between themselves and before the Privy Council, only observing that, till lately, it was a prevalent belief that admission to the profession through the Scotch corporations was always available to men who found the gate of the English Colleges too strait for them, and that their very Fellowships were practically to be bought, not without money, but without anything approaching to merit. We believe sincerely that the Scotch corporations have turned over a new leaf, but it is too soon to pose as the superior and leading friends of advanced education.

DREAMS IN RELATION TO BLINDNESS.

THE ordinary characters of a dream are familiar to most men and women from childhood upwards. Its explanation is still to some extent obscure, and will probably remain always subject more or less to the uncertainties of physiological speculation. We may take it, however, as a fundamental proposition that natural sleep is for the mind and the general nervous system rest, as wakefulness is action; and we may conveniently describe the dreaming state as an effort of the mind to express itself, to crystallise its impulses in an intermediate chaos of vague restlessness. This indefinite activity, again, indicating as it does mere brain irritation, may be the product either of impressions which force themselves on the sensorium from without, or of disturbing changes, chemical or physical, which primarily affect the cerebral centres themselves. In either variety of unrest, the mind, accustomed when awake to piece together its decisions, may in its troubled repose plan and build up the "baseless fabric" of a dream. In nightmare we have an unmistakable instance of peripheral causation, while delirium is alive with the phantoms created in a disordered sensorium. To this latter class we may most fitly refer the fancies which arise out of worry or disease, while the drowsy reveries of persons generally healthy may usually be ascribed to the action of some form of external irritation. A statistician who has occupied himself with this subject tells us that the blind are, on the whole, less liable to dream than the seeing; and if we assume, as we reasonably may, that the cases compared by him were those of persons in ordinary health, we have here an observation which also, in a somewhat different sense, tends to support the peripheral view of dream causation. In saying this, we do not mean to assert that the stimulus which provokes a dream is commonly conveyed through the sense of vision, but rather that the imaginative faculty which becomes abnormally active at such a time, necessarily implies, for the vividness of its creative efforts, a certain familiarity with form, colour, and other objective qualities, which is to most blind persons an impossibility. The mind in them is comparatively concentrated within itself, and, with the obliteration of that function which more than any other connects man with the outer world, is likely to maintain by night as well as by day a quiescent attitude. Other senses remain and are exaggerated, but these afford less information for the creative faculty, and are consequently less liable to become the paths of dream stimuli.

ETIOLOGY OF PERNICIOUS ANÆMIA.

THAT a considerable number of cases of pernicious anæmia arise from the absorption of products of decomposition from the stomach and intestines is a view propounded by Sandor.[1] It is well known that dyspepsia and other digestive troubles are among the earliest symptoms of many such cases; whilst actual atrophy of the gastric mucosa has been demonstrated by Fenwick and others, who have inferred that pernicious anæmia largely depends on such gastric disease. Any contribution to the etiology of this obscure form of anæmia is to be welcomed; whilst Sandoz is further of opinion that cases marked by primarily dyspeptic symptoms can be effectively treated by washing out the stomach, followed by electrical treatment. In connexion with this, it is interesting to note that Prof. Bouchard[2] assigns a foremost place to chlorosis as one of the conditions of "chronic auto-intoxication" brought about by dilatation of the stomach.

STRANGE MEDICAL MONOPOLY IN EDINBURGH.

A STRANGE monopoly is pointed out by a writer in the *Scottish Leader*. In Edinburgh the only qualification enabling its holder to take the office of physician in the infirmary or any of the city charities is the Fellowship of the College of Physicians. A graduate of the Edinburgh University cannot take such appointments until he takes the Fellowship of the College. According to an article in our contemporary the Fellowship costs £80, £60 of which go into the coffers of the College. This is an anomalous and indefensible state of matters. The writer of the article above alluded to says it is not even legal, or at any rate that there is nothing in the Charters which prevents the charities from accepting other qualifications. There is an obvious reason for the similar arrangement which obtains in London, but it is not so easy to construct one for the case in Edinburgh.

REDUCTION OF FEES FOR THE OXFORD M.D. DEGREE.

ON Jan. 24th these fees, which have hitherto amounted to £40, and which, perhaps by their relatively large amount compared with those at other universities, have certainly acted prohibitively, were reduced by Convocation to £25. It is hoped that large numbers of graduates will avail themselves of the opportunities now offered.

SENOR ABRIL ON LUXATION OF THE HUMERUS.

IN a Spanish medical journal Señor Fernández Abril describes what he considers an improved method of reducing luxations of the humerus, the principle of which is that, instead of the body being fixed and the limb manipulated till the head of the humerus finds and slips into the socket, the limb is fixed and the trunk is moved until the glenoid cavity finds and adjusts itself to the head of the humerus. The only instrument required is a common

[1] Abstr. in Fortschr. d. Med., 1888, No. 2.
[2] Leçons sur les Auto-intoxications. Paris, 1887.

crutch, which is placed in the axilla, the patient being in a standing posture. The surgeon grasps the hand, making traction downwards, and directs the patient to try to kneel down. This is quite sufficient to return the bone into its place, the crosspiece of the crutch acting as a wedge. The advantages claimed for the plan are simplicity, non-necessity for chloroform, painlessness, and rapidity.

DEATHS OF TWO EMINENT BOTANISTS.

ON the 30th ult., Prof. Asa Gray, the distinguished botanist of Harvard University, died at Cambridge, Massachusetts, aged seventy-seven years. Dr. Gray was born at Paris, in the State of New York, in 1810, and at the age of twenty-one graduated in medicine, on the practice of which, however, he never seriously entered, preferring to devote himself to botany. In 1842 he was appointed Professor of Natural History at Harvard College, the active duties of which office he continued to perform until 1873. Professor Gray was a prolific writer, and a member of several scientific and botanical societies, including our own Royal and Linnæan Societies.—The death is also announced at Balmuto, Fifeshire, of Dr. John Thomas Irving Boswell, who was for many years curator to the Botanical Society in London, and Lecturer at the Charing-cross and Middlesex Schools of Medicine.

TYPHOID MORTALITY IN FRANCE.

M. CHAMBERLAND, chief of M. Pasteur's laboratory, has been writing an important report demonstrating the unsatisfactory character of hygiene in France. He finds that in the French army typhoid fever kills no less than 3·78 per 1000, while the typhoid mortality in the English and German armies is 0·84 and 0·19 per 1000 respectively. Again, the deaths from this disease per 100,000 of population are 63 in Paris, 148 in Marseilles, 19 in Brussels, and 17 in Berlin and London. A critique on this report, published in a Lyons medical journal, points out that, in addition to faulty hygiene, antiquated methods of treatment usual in France may have something to answer for. In Lyons, which is the only French city in which the cold-bath treatment of typhoid is much practised, the typhoid mortality per 100,000 inhabitants is much lower than in Paris, being variously estimated by M. Chamberland and his critic at 42 and 31.

FEVER IN LONDON.

THE Metropolitan Asylums Board hospitals received during the week ending Jan. 27th 142 cases of scarlet fever, 14 of enteric fever, and 5 of small-pox. It is necessary to bear in mind that this number is in the proportion of only one case to each 28,000 inhabitants. The total fever patients in the hospitals at the end of the week were 1833, or 250 less than at the end of the preceding fortnight, and the Asylums Board therefore have asked their General Purposes Committee to consider the advisability of closing one or more of the hospitals. The cases of small-pox were admitted from Greenwich, Limehouse, St. Pancras, and Orsett in Essex.

BULL-FIGHT WOUNDS.

DR. BERRUECO, in an article published in *El Dictamen*, a Madrid medical journal, upon the wounds inflicted in bull-fights, states, as the result of his experience, that there is no specific character about lesions produced by the horns of a bull, but that they are of an unusually septic nature owing to the filth with which the horns are usually covered, consisting of blood and fæcal matters from the intestines of horses previously gored. The wounds do not require any special treatment further than is implied in the most scrupulous aseptic measures, it being most important never to close up a wound until one is convinced that it has been rendered absolutely aseptic. Wounds of an extensive nature Dr. Berrueco stuffs with antiseptic gauze until he is satisfied that there is no septic matter remaining. He speaks strongly against the employment of perchloride of iron for the arrest of hæmorrhage, as he has generally found serious consequences follow its use. Surgery has, he says, far better means of controlling hæmorrhage than solutions of iron.

HEALTH OF THE CROWN PRINCE.

WE received the following telegram from San Remo on Wednesday last:—

"Separation of slough has greatly improved the left side of the larynx; but there is a slight extension of thickening at the anterior commissure to the right side. A portion of the large slough from beneath the left vocal cord has been sent to Professor Virchow. Limited disease of cartilage is present, but there is no exposure of cartilage or exfoliation.'

The official *Gazette*, published on the 1st inst., at Berlin, contains a bulletin from San Remo almost identical with the despatch received by us. This is signed by Sir Morell Mackenzie, Drs. Schrader, Krause, and Hovell, but not by Dr. Bramann, who also took part in the examination of the Crown Prince's throat the other day, and on whom would fall the duty of operating on his Imperial Highness should that become necessary. In reference to the specimen forwarded to Berlin, we learn as we go to press, on the authority of the *Vossische Zeitung*, that Professor Virchow, after the most careful and minute investigation, is unable to discover in the portion of slough submitted to him anything of a really serious character.

SYPHILIS AND DERMATOLOGY AT VIENNA.

IT having been proposed to raise the extraordinary professorships of Syphilis and Dermatology in Vienna to the rank of ordinary professorships, promoting of course the present occupants of the chairs to the higher dignity as their predecessors Hebra and Sigmund had been promoted, a report was made to the Professorial Senate by Professor Albert on the subject, which was almost unanimously agreed to. This was to the effect that it was not advisable to multiply and increase the importance of specialties, and that therefore no change was desirable. The higher rank had been accorded to the two former professors in recognition of their personal eminence, and not from any desire to magnify the specialty.

BRITISH NURSES' ASSOCIATION.

WE learn that a general meeting of members of the Association and of others interested in the vocation of nursing will be held in St. George's Hall, Langham-place, W., on Monday, Feb. 13th, at 4 P.M., Mr. Savory, President of the Royal College of Surgeons, in the chair. H.R.H. Princess Christian of Schleswig-Holstein, President of the Association, has announced her intention to be present, and will be supported by many leaders of the medical profession.

CIRRHOSIS OF LIVER.

LANCEREAUX treated alcoholic cirrhosis of the liver with iodide of potassium. The iodide is least useful in the hypertrophic form, and when persistent jaundice or perihepatitis obtains. Improvement may be observed in a fortnight, the urine being increased and the ascites diminished; at the same time, the venous enlargement of the parietes and the swelling of the spleen tend to subside, and the patient gains weight and strength as the digestion improves. The dose should be an ordinary one, and the

treatment kept up for some weeks or even months. Alcohol must be avoided, and a milk diet enjoined; cutaneous frictions are beneficial.

FOREIGN UNIVERSITY INTELLIGENCE.

Halle.—Dr. v. Lukowicz, first assistant in the Pathological Institute, has been appointed Director of the German Hospital in New Guinea.

Jena.—Professor Rosenbach of Gottingen has accepted the invitation to the ordinary Professorship of Surgery, with charge of the surgical clinic.

Konigsberg.—The names mentioned as about to be brought forward for the chair of Special Pathology and Therapeutics, which will be vacated by the migration of Professor Naunyn to Strasburg, are those of Professors Quincke of Kiel, Strümpell of Leipsic, and Lichtheim of Berne.

Leipsic.—A new children's hospital is to be built, costing £5000.

AGOSTINO BERTANI, well known in recent history as surgeon-in-chief to Garibaldi in the General's campaigns for the freedom and unity of Italy, has just been honoured with a memorial tablet inserted in the façade of the Hotel Italie in Rome, where he died in the summer of 1886. Another of Italy's medical worthies receives similar recognition at Bologna, where on the 2nd inst. Dr. Magni, "the greatest Italian oculist since Vacca," had a commemorative tablet unveiled in his honour at the instance of his surviving colleagues.

LAST Saturday the visiting justices of the county of Sussex by a large majority appointed Dr. C. E. Saunders to be medical superintendent of the County Asylum at Haywards Heath. Dr. Saunders has long been known as an active health officer, and has in this respect rendered important services to the Herts and Middlesex combined sanitary authorities. He has also for many years been engaged in the inspection of asylums as medical visitor to the private asylums in the eastern division of Sussex.

As will be seen by an advertisement in our present issue, an appeal is being made to managers or secretaries of institutions for nursing the sick poor in their own homes to furnish information to the committee whom Her Majesty recently appointed to advise her as to the disposal of the surplus of the Women's Jubilee Fund. Communications should be forwarded to the Duke of Westminster, Grosvenor House, W.

La Enciclopedia, a Havana medical and scientific monthly journal, which has been for three years conducted with great ability by Dr. A. G. Carquejo, has now ceased to exist; not, as is explained in the concluding number, from failure, but because of the editor's lack of time to attend to its direction. Notices of articles that have appeared in it have from time to time been published in THE LANCET.

DR. J. L. VAN DER STRAATEN has been appointed to act as Principal Civil Medical Officer of Ceylon. He is a Fellow of the Medical, Obstetrical, and Chemical Societies of London, and has visited Europe twice.

A MEMORIAL tablet to the late Mr. H. Royes Bell, F.R.C.S., has been placed by his friends and colleagues in the chapel at King's College.

THE third session of the French Congress of Surgery will be held from the 12th to the 17th of March, under the presidency of Professor Verneuil.

Pharmacology and Therapeutics.

ULEXIN.

THIS alkaloid, prepared from the common gorse by Mr. Gerrard, has been experimentally studied by Mr. J. Rose Bradford. Ulexin has a very general action on the tissues, and, besides, a highly specialised action on the respiration. Pinet has also worked at the subject.[1] Both in the frog and eel ulexin paralyses the vagus and the motor nerves somewhat in the same manner as curare. On the respiration of the frog ulexin acts altogether unlike curare; in doses which only cause a slight and transient paralysis on voluntary movement it has a profound action on the respiration. Ulexin is a powerful respiratory poison in the mammal also. In frogs and cats muscular twitchings were observed, and, curiously enough, they persist after the part in which they are present has been completely severed from the body. These muscular movements are not seen after large doses, and not in curarised animals. They are the effect of small and initial doses. The muscles also respond to mechanical excitation much more readily than normally after the injection of small doses. The drug acts first as a stimulant and then as a depressor of the respiratory mechanism, and in larger doses paralyses the motor nerves of mammals; but this effect is preceded by a period during which the excitability of the voluntary muscles is increased and quivering movements are produced, apparently of peripheral origin. Ulexin raises the blood pressure both in curarised anæsthetised animals and in non-curarised animals. Mr. Rose Bradford finds that this elevation of pressure is observed even after the section below the medulla (in dogs). Although large doses paralyse the heart, yet the drug will not kill through the heart for a considerable time if artificial respiration be maintained. Ulexin has a powerful affect on the kidney, causing constriction, followed by a very large expansion of short duration. The physiological effects point to a possible diuretic action, and this is what really happens. It has been employed in University College Hospital as a diuretic with success in cases of dropsy due to heart disease.

ANTIPYRIN INJECTIONS.

Hypodermic injections are becoming very favourite methods of treatment, even more on the Continent than with us. As untoward consequences occasionally occur from their employment, it behoves us to use every means to prevent them by the adoption of every antiseptic precaution, as well as by avoiding veins and large nerve trunks. Hirsch counsels the washing of the hypodermic syringe with a 5 per cent. solution of carbolic acid after the injection of antipyrin, which he employs as an anæsthetic in a 50 per cent. solution of the drug in distilled water. Hays injected some antipyrin into the left arm of a woman suffering from typhoid fever with delirium and twitching. The injection relieved these symptoms, but there developed at the site of puncture a gangrenous spot; it is averred that the syringe was aseptic.

FUCHSIN IN BRIGHT'S DISEASE.

A writer in *El Siglo Médico* mentions several cases of Bright's disease in which fuchsin rapidly reduced the anasarca and the albuminuria. He thought at the time that the idea of so employing this dye, which is the hydrochlorate of rosaniline, was original, but on turning up a reference in the *Paris Médical* of 1881 he found that it had previously been given. Had his researches extended to English medical journals, he would have found references to the fuchsin treatment of albuminuria of still earlier date. His plan was to prescribe first a diaphoretic consisting of infusion of jaborandi and acetate of ammonia. A dose of fuchsin of from three to six grains was then given with essence of mint and syrup. A second dose was usually sufficient.

IODIDE OF POTASSIUM IN BRONCHO-PNEUMONIA.

Zinnis considers the administration of iodide of potassium to be valuable if given from the commencement of the attack, but not in cases of measles or whooping-cough. When the children are vigorous, its action is more beneficial than in the weak or scrofulous, and it follows that it is more successful after one year of age, and when the attack is

[1] Journal of Physiology, vol. viii., No. 2.

sudden and acute. In doses of from seven to fifteen grains and more freely diluted with water, it lowers the temperature slightly, lessens the frequency of cough, and facilitates expectoration; its efficacy is manifested in two or three days. Dry cupping and flying blisters were also employed; the latter should be used with great caution in infants.

HYDROFLUORIC ACID AND PHTHISIS.

At glass factories the beneficial influence of hydrofluoric acid on tuberculous workmen has long been noted, and many attempts have been made to employ this agent in the regular treatment of phthisis. M. Garcin has cured 35 and ameliorated 30 cases out of 100 by means of this acid; 10 of the hundred died, and in 14 there was no improvement. The patients sit for one hour a day in an atmosphere saturated with hydrofluoric acid. The saturation is effected by passing a current of air by means of a pump through a tank of gutta percha containing 300 grammes of distilled water and 100 of hydrofluoric acid.

ANTHRAX AND FURUNCLE.

The treatment of anthrax and furuncle by phenol spray is advocated by M. Verneuil. The sound parts being protected, the spray is placed from 25 to 50 centimetres from the patient so as to regulate the jet of vapour according to the sensation produced. The strength of the alcoholic solution is said to be 2 per cent. Generally speaking, three or four applications of twenty-five minutes in the day are sufficient. In the intervals the sore is dressed with wet carbolic dressings.

WARTS.

Mr. Pullen, in the *Bristol Medico-Chirurgical Journal*, advocates the treatment of warts by the internal administration of arsenic as being far more efficacious than the ement of caustics locally. The dose of Fowler's solution was three minims three times a day.

BRIGHT'S DISEASE.

Fifteen grains of iodide of sodium, thirty of phosphate of sodium, ninety of chloride of sodium, dissolved in water, and given in the twenty-four hours, alone or with milk, is recommended strongly by Dr. Semmola in the treatment of any form of albuminuria dependent on nephritis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Reply of the Council of the College to the Statement presented to the Lord President on behalf of the Association of Fellows.

THE Royal College of Surgeons of England consists of about 18,000 Members, of whom about 1200 are Fellows. The governing body of the College consists of a Council of twenty-four Fellows, elected by the Fellows as directed by the Charters of 1843 and 1852. Three Members of the Council retire every year and are eligible for re-election.

The Fellowship examination was instituted in the interest of surgical education, and to constitute a body from whom and by whom the Council should be elected. The Fellowship represents a higher grade than the Membership. In order to obtain the Fellowship, a longer time must be devoted to professional study than is required for the Membership, and a further and more difficult examination must be passed.

In reply to the complaint of some Members that certain privileges are exclusively in the hands of the Fellows, it should be understood that it is open to Members of the College to become Fellows. Access to the Fellowship Examination has been facilitated to such an extent that any Member of two years' standing who has been engaged in the study (or the study and practice) of the profession during that period may present himself for it without any further special curriculum of professional study involving additional expense.

It has of late been repeatedly affirmed that the Members have no privileges within the College; but such a statement is not correct. The Members have the privileges of admission to the museum, to the library, and to all lectures delivered within the College walls, of competing for the College prizes, and of being eligible for certain examinerships and lectureships. These privileges (which include all those of the Fellows with the exception of the election of, and the being elected to, the Council, and of being eligible as examiners for the Fellowship) may compare favourably with those of the graduates not members of Convocation or the Senate of Oxford or Cambridge respectively.

The authors of the Statement to the Lord President appear to complain of the appointment of a number of Fellows by election; but in the first instance this was necessary, as the leading surgeons of England could hardly have been subjected to examination. The present proposal of the Council to obtain power to extend the number of Members annually elected to the Fellowship without examination from two to ten, as a maximum, was mainly to meet the view of some that certain Members of the College were entitled to the honour of the Fellowship by distinguished services in their profession, and yet were too advanced in life to be subjected to any further examination.

The proposal on behalf of the Association, that Members of ten years' standing should take part in the election of the Council, and that Members of twenty years' standing should be eligible as Councillors, would substitute mere seniority for professional distinction, as proved by examination or by distinguished professional merit.

If no bye-law could be made or modified without the consent of a general meeting of Fellows and Members, the delay and difficulty would be so great as seriously to interfere with the efficient conduct of business. The process by which alone a bye-law is made or modified is already a very elaborate one, and affords, in the opinion of the Council, ample safeguard against its abuse, and in fact every proposal for such a change is made public before it is submitted to the Secretary of State for his sanction.

To the suggestion that the election of the President should be in the hands of the Fellows at large, the Council submit the following objections—viz.: *a*. That there is no evidence that the great body of the Fellows themselves desire this change. *b*. That no arrangement by which it could be carried out has been suggested that would not be in itself objectionable, and in many instances so disagreeable to the candidates themselves as to deter some of the most distinguished from coming forward. *c*. That the Council, who are chosen by the Fellows, must of necessity be better judges of the qualification of any one of their number for the office of President than the general body of Fellows. *d*. That election by the Fellows might in some instances tend to interfere with the independent action of those members of the Council who might aspire to the office of President. *e*. That it might lead to contested elections, and thereby encourage the practice of personal canvassing, of extorting pledges, and of holding out promises. *f*. That it would practically place the election, not in the hands of the body of Fellows generally, but of a comparatively small number who would make themselves active in the business of the election. *g*. That the system of annual election by seniority merely, which until recently prevailed, and against which strong objection has existed in the Council itself, has been discontinued, the present President being now in his third year of office.

The Council would submit that the College is a scientific, educational, and professional institution, and not a political one. Their earnest desire is to uphold surgical education, and, with this object in view, to encourage Members to take the Fellowship. The great purpose for which the College exists being the promotion of the science and art of Surgery, the chief means at present at its command for effecting this purpose would be seriously impaired if changes such as those proposed were carried out. The results of the inquiries made by the Council show that the majority of the Fellows are opposed to the claims set up on behalf of the Members, and there is no evidence before the Council that the majority of even the Members themselves are in favour of them.

The Council think it right to point out the following instances, among others, of inaccuracy in the Statement which has been drawn up on behalf of the "Association of Fellows." It is stated that the necessity for some control over the actions of the Council is shown "by the arbitrary way in which the Council settle such questions as the amalgamation for examination purposes with the College of Physicians, and the exclusion from that scheme of the Society of Apothecaries," and also "by the scheme now in progress for acquiring powers along with the College of Physicians to grant degrees in Medicine, a scheme which may or may not be acceptable to the general body of the College, but on which they have never been consulted, though the matter is one which touches their interests most nearly."

At a meeting of the Fellows and Members at the College on March 24th, 1884, the following resolution was passed—viz.: "That this meeting of Fellows and Members of the Royal College of Surgeons of England begs most respectfully to recommend that the Council of the College do obtain a Charter to enable the Council to combine with the Royal College of Physicians of London, with a view to the amalgamation of the two Colleges into one great College of Medicine, to be endowed with authority to examine and grant licences to practise in all branches of Medicine and Surgery, and to confer on its licentiates the degrees and titles of Doctor of Medicine and Master of Surgery." The scheme proposed by the two Colleges is in accordance with this resolution. So that, in taking the steps complained of, the Council are acting in harmony with the desire expressed by the Fellows and Members at their general meeting, and since confirmed by a memorial presented to them containing over 600 signatures.

Again, it is affirmed that "no longer ago than last year a proposal was attributed to an eminent member of the Council to admit by a vote of the Council fifty Members each year to the Fellowship—a measure which, if it had been carried out, would have destroyed the academic value of that diploma. This proposal was vigorously resisted by the Association, and did not pass the Council." The question here alluded to has never been discussed by the Council.

Should the Lords of the Council desire any further information, the Council of the College will wait on their Lordships. WILLIAM S. SAVORY, President.

January 19th, 1888.

For the sake of completeness we print in full the statement, to which the foregoing is the reply:—

Statement presented to the Lord President on behalf of the Association of Fellows, in reference to the application for a Supplementary College Charter.

The governing body of the Royal College of Surgeons of England, called formerly the Court of Assistants, and later the Council, was, before the year 1843, self-elected and autocratic. No meetings of the Members of the College for the discussion of collegiate affairs had been held, and the attempt to hold a meeting (in 1831) was suppressed by force. In 1843 a Charter was granted, by which a new order of Members was created, to be styled Fellows, from whom the members of the Council were in future to be chosen, and by whom they were to be elected. At first two batches of about 500 were nominated by the Council from amongst the Members; but, after this, an examination was instituted by which other Members and other persons could, after having passed a certain curriculum of surgical education, and fulfilled other conditions prescribed by Charter or bye-law, obtain the Fellowship. Under a subsequent Charter (1852) the Council was empowered to grant the Fellowship without examination to all persons who were Members in 1843, at certain dates therein specified, as well as in each subsequent year to elect two Members of not less than twenty years' standing. Thus were created two orders of Fellows: those by examination and those by election; but the existence of the latter order has always been felt, not only by the other Fellows, but by the profession at large, as an anomaly, necessary, perhaps, in the first instance, but derogatory to the status and academic value of the Fellowship. This anomaly, it was hoped, would be put an end to as the Members of 1843 died out. With the exception of the privilege of voting in person for members of the Council, as aforesaid, the Fellows have no share or control in the government of the College, and the Members cannot be said to have any collegiate rights whatever; and this, we submit, is anomalous and unjust.

Fellows and Members are equally essential parts of the body corporate and politic, while the Council is the governing body of the College. Accordingly, the Fellows and Members have for a long time demanded the privilege of meeting annually to discuss and adopt or reject the report of the Council, and that no alteration in the constitution or in the relations of the College, or in any of its bye-laws, shall be made without their consent, and that the election of the President should be in their hands. The following resolutions were carried at the meeting of Fellows and Members held at the College on March 24th, 1884:—1. "That in the opinion of this meeting it will materially conduce to the welfare of the College that the Fellows and Members should be invested with a larger share of its management." 2. "That it is desirable that no alteration in the constitution or relations of the College shall be effected without the consent of the Fellows and Members convened to discuss such alteration." 3. "That there shall be an annual meeting of the Fellows and Members, at which the annual report of the Council shall be presented, received, and adopted." 4. "That at such meeting the President for the ensuing year be elected by a majority of the Fellows present."

These demands were formulated in a meeting held at the College on March 24th, 1884, but they were rejected by the Council. A meeting of Fellows and Members has been held in each subsequent year, but not as a matter of right, and no power has been granted to the meeting over the proposals or actions of the Council. In consequence of this rebuff, the present Association of Fellows was founded in order to urge these claims. It comprises about a quarter of the whole body of Fellows, including several of the past and present members of Council, and its objects command the sympathy of many Fellows who are not enrolled in the Association. Another Association has been formed of the Members of the College, to procure for Members, under certain restrictions, the right to vote for and sit in the Council. These restrictions would leave the Fellows an undisputed superiority in the management of the College, and the Association of Fellows has, as a body, supported that of the Members, though, it is right to add, not unanimously. With regard to the present proposals for a new Charter, the Association of Fellows protests as strongly as possible against those which have reference to the Fellowship.

To enable the Council to determine the conditions of admission to the Fellowship by examination by "rules and regulations" instead of, as at present, by bye-laws would enable the Council to alter and probably to lower the standard of examinations without any effectual check either from the Fellows or from any public authority. That this is no imaginary danger is shown by experience. Some years since a proposal of the kind came accidentally to the knowledge of three of the Examiners of the College, Mr. Savory (now President of the College), Mr. Cooper Forster, and Mr. Holmes, and was only defeated by a personal canvass made by those gentlemen of all the Fellows by Examination, which showed so unanimous a feeling among the Fellows against the proposed change that the Council at the last moment gave way. Had the Council been able to proceed by rules and regulations, the change might have been made without any such opportunity for opposition.

Again, no longer ago than last year a proposal was attributed to an eminent member of the Council to admit by a vote of the Council fifty Members each year to the Fellowship—a measure which, if it had been carried out, would have destroyed the academic value of that diploma. This proposal was vigorously resisted by the Association, and did not pass the Council. The following resolution of the Association refers to this matter:—

"February 1st, 1886.

"It being understood that a committee of the Council of the Royal College of Surgeons is considering a proposal made by one of the Members of the Council to the effect that fifty Members of the College shall be elected annually, without examination, to the Fellowship, the Committee of the Association of Fellows, though favourable to the institution of increased facilities for Members of the College becoming Fellows by examination, hereby expresses its disapproval of any attempt to lower the acquired academical status of the Fellowship, and pledges itself to resist such to the uttermost."

This was communicated to the College, and published in the medical journals. But it is obvious that, at a future time, if a mere resolution of the Council could alter the conditions of admission to the Fellowship, any such proposal might be adopted before effectual opposition could be made.

To the proposal that the Council should have the power of admitting ten Members annually to the Fellowship without examination, we object most strongly on the same grounds:—"4. That, in the opinion of this meeting, the first method recommended by the Council for widening the basis upon which the Fellowship is obtained tends to lower the academic status of that diploma, and, in the interest of surgical education, is not advisable." This proposal was condemned in the strongest terms at the general meeting of Fellows and Members held at the College on November 4th, 1886, on the motion of a Member, seconded by another Member

and adopted unanimously by the meeting. It is an illustration of the arbitrary disregard shown by the Council for the opinion of their constituents that a proposal thus condemned alike by the Fellows and Members should be still thrust on the profession. For which reasons we pray your lordship not to recommend the Queen to assent to a Charter containing these clauses:—"5. To provide that Fellows may vote in the election of the Council either in person or by voting papers, such papers to be signed, authenticated, and delivered in such manner as the Council shall from time to time think fit and direct. No election of members of Council to be valid unless there shall be present at the meeting for the purpose of such election such number of Fellows as the Council may from time to time think fit and direct."

With regard to the clause permitting the Fellows to vote by voting papers, the Association would remark that it is a reform which has been demanded by the Fellows for at least twenty years, and has now only been extracted from the Council by persistent agitation, both by individual Fellows and by an organised body of Fellows. The long time required for so trivial an advance may show your lordship how much longer a time it would take to extract any substantial reform from the Council, if the present opportunity be lost. At present, however, the Council are obliged to apply for a new Charter, since the clause in former Charters, limiting the amount of real property which the College is entitled to hold, is systematically violated, and therefore some new Charter is a necessity. If, therefore, your lordship should advise the Queen to refer back the present petition for reconsideration, we do not doubt that a more satisfactory draft Charter will soon be submitted.

Our main object, however, is to procure the insertion into the new Charter of provisions securing to the Fellows and Members a real control over the proceedings of the Council, in accordance with the resolution passed at the general meeting of November 3rd, 1887, in the following terms:—

"That this meeting disapproves of the application for a new Charter which, *first*, does not confer electoral powers upon Members of the College, and the right to be eligible to sit in the Council, in accordance with the resolution passed at the general meeting on November 4th, 1886, viz.:—1. That, in the opinion of this meeting, it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interest of medical polity and education—(1) if Members of the College were empowered to take part (separately or conjointly with the Fellows) in the election of members of the Council; (2) if Members of the College were eligible to sit in the Council, provided—(*a*) that no Member of the College shall be entitled to vote till he have been such Member for a period of ten years, (*b*) that no Member of the College shall be eligible to sit in the Council until he have been such Member for a period of twenty years, and (*c*) that not more than one-fourth of the Council shall consist of Members of the College who are not also Fellows. And *secondly*, which does not provide that no alteration in the constitution of the College, or in any of its bye-laws, shall be effected without the consent of the Fellows and Members invited to discuss the same in accordance with the resolution passed at a general meeting held on March 24th, 1884, and reaffirmed at the meeting on October 29th, 1885."

The necessity for some such control is shown by the arbitrary power now assumed by the Council over the large finances of the College, which they now dispose of without any consultation with the Fellows and Members:—

"The Committee, with a view to carrying out an extension of the College premises in regard to the museum, library, and work-rooms, have had under their consideration additional plans prepared by Mr. Salter, together with approximate estimates showing the cost of the several proposed additions to the College buildings, amounting in the aggregate to £53,700; and, having considered the same, the Committee have to submit to the Council for approval the following recommendations—viz.: 1. That the College premises be extended in the manner proposed in the first report; but that the alterations thereby occasioned be carried out gradually, and be subject to such modifications in matters of detail as the Council, on the recommendation of the Committee, may hereafter approve. 2. And that the Committee be authorised to make arrangements for the erection, with as little delay as possible, of an additional museum, as shown in the plans, on the ground occupied by the back premises of Nos. 43 and 44, Lincoln's-inn-fields, abutting on Portugal-street, and for the construction of an additional storey to the main building of the College to accommodate the new work-rooms, at an approximate cost of £10,000 for the new museum, and £5000 for the new work-rooms. That, for the present, this Council do not spend more than £50,000 of the Erasmus Wilson Bequest." By the equally arbitrary way in which they settle such questions as the amalgamation for examination purposes with the College of Physicians, and the exclusion from that scheme of the Society of Apothecaries, whereby a second examining body has been set up in London, contrary to the opinion expressed at the general meeting of the Fellows and Members on November 4th, 1886, and in spite of the remonstrances of the General Medical Council (the resolution of the Council of the College is in the following terms: "Inasmuch as the examination, conducted by the Examining Board in England, constituted by the Royal College of Physicians of London and the Royal College of Surgeons of England, is a complete qualifying examination in Medicine, Surgery, and Midwifery, conferring the right of registration under the Medical Act, a combination of the two Colleges with the Society of Apothecaries is, for examination purposes, unnecessary, and, in the unanimous opinion of the committee, is also undesirable"); "that the Council[1] being of opinion that it would be contrary to the interest of the public to have two competing Examining Boards sitting in London, and that it is desirable that the Royal College of Physicians of London and the Royal College of Surgeons of England and the Apothecaries' Society of London should arrange to hold a qualifying examination conjointly, strongly recommend those medical authorities to reconsider their position with a view to such an arrangement; and meantime defer coming to a decision on the application of the Apothecaries' Society of London of the 12th February." And the same is shown also by the scheme now in progress for acquiring powers along with the College of Physicians to grant degrees in Medicine, a scheme which may or may not be acceptable to the general body of the College, but on which they have never been consulted, though the matter is one which touches their interests most nearly.

Finally, we would call your lordship's attention to the prayer of the Association that the election of the President may be in the hands of the Fellows. Until within the last two years the office of President was simply passed round from one member of Council to the next in seniority, without any discrimination of fitness; and although this routine has now been so far set aside as that the present President is holding office for the third year, the Association feels that the profession have still no guarantee that this great office will in future be given away, as it ought to be, to the worthiest person, and cannot have till the election be placed in the hands of the general body of the Fellows. Many more reasons might be urged in support of our contention if we did not fear to weary your lordship; but we trust that the foregoing will be sufficient to induce you to advise the Queen to remit the petition to the Council of the College for reconsideration.

Signed on behalf of the Association of the Fellows of the Royal College of Surgeons. (Signed)

GEORGE POLLOCK,
President of the Association.

Nov. 16th, 1887.

DRAFT CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

VICTORIA by the grace of God of the United Kingdom of Great Britain and Ireland, Queen Defender of the Faith, to all to whom these presents shall come, greeting, whereas the Royal College of Physicians of Edinburgh are a Corporation erected by Royal Charter, granted by His Majesty King Charles the Second, bearing date Nov. 30th, 1681, ratified June 16th, 1685; and of new incorporated by Royal Charter bearing date Aug. 16th, 1861, in the 25th year of our reign; and whereas the Royal College of Surgeons of Edinburgh are a Corporation erected by seal of cause, granted by the Town Council of Edinburgh on July 1st, 1505, confirmed by Royal Charter granted by His Majesty King James the Fourth of Scotland, bearing date Oct. 13th, 1506, ratified by Acts of the Scottish Parliament, passed on Nov. 17th, 1641, Aug. 22nd, 1670, and July 17th, 1695, of new incorporated by Royal Charter granted by His Majesty King George the Third, bearing date March 14th, 1778, confirmed by Act of the British Parliament, made and passed in the 27th year of the reign of His said Majesty King George the Third, chapter 65, as altered and amended by another

[1] The General Medical Council.

Act of the British Parliament, made and passed in the 53rd year of the reign of His said Majesty, King George the Third, chapter 76, and incorporated with new and additional powers, privileges, and immunities by Royal Charter bearing date March 11th, 1851, in the 14th year of our reign, and granted under the provisions of an Act of the British Parliament made and passed in the 13th year of our reign, chapter 2; and whereas the Faculty of Physicians and Surgeons of Glasgow are a Corporation, erected by Royal Charter, granted by His Majesty King James the Sixth of Scotland, under the privy seal of that kingdom, and bearing date Nov. 20th, 1599, ratified by an Act of the Scottish Parliament, passed on Sept. 11th, 1672, confirmed and amended by an Act of the British Parliament, made and passed in the 13th year of our reign, chapter 20, intituled "An Act for Better Regulating the Privileges of the Faculty of Physicians and Surgeons of Glasgow and amending their Charter of Incorporation"; and whereas by the Medical Act made and passed in the session of the 21st and 22nd years of our reign it was among other things enacted that any two or more of the Colleges and bodies mentioned in Schedule A to the said Act (which schedule mentioned along with others the Royal College of Physicians of Edinburgh, the Royal of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow) might with the sanction and under the directions of the General Medical Council constituted by the said Act unite or co-operate in conducting the examinations required for qualifications to be registered under the said Act; and whereas the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow have, with the sanction of the General Medical Council, under the provisions of the Medical Act united and co-operated in a scheme constituting at examining board of the two Colleges in Edinburgh and of the Faculty in Glasgow, and in making regulations for conducting the examinations required for the purpose of qualifications to be registered under the said Act, which scheme and regulations were approved and adopted by the Royal College of Physicians of Edinburgh on the 18th day of March, 1884, by the Royal College of Surgeons of Edinburgh on the 11th day of March, 1884, and by the Faculty of Physicians and Surgeons of Glasgow on Jan. 7th, 1884; and whereas it is expedient in order to encourage proficiency in the sciences of Medicine, Surgery, and Midwifery that the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow should be enabled to unite and co-operate, not only in conducting examinations for the purposes of the Medical Act, but also for the purpose of conferring degrees in Medicine and Surgery on persons who, by passing the examinations formerly held by the said two Colleges, and by the said Faculty separately, or by passing the examination held by the Examining Board of the said two Colleges and the said Faculty, or by passing any other examination to be held by the two Colleges and the Faculty jointly or separately, have already acquired or may hereafter acquire the qualifications for registration under the Medical Act, and who shall have also complied with such further regulations or undergone such further examination as it may be deemed proper to impose or require from time to time, and that for this purpose a Senate of Physicians and Surgeons should be constituted and incorporated, composed of an equal number of Fellows of each of the said two Colleges and Faculty, and of persons chosen by all teachers of Medicine in Edinburgh and in Glasgow, who shall have been recognised as teachers in Medicine by either of the said Colleges or Faculty prior to the establishment of the said Senate, who are not members of the Senatus of any University, and by all teachers of Medicine in Edinburgh and in Glasgow, who thereafter shall be recognised by the said Senate who are not members of the Senatus of any University, and also of persons chosen by the graduates of the Senate when the number of such graduates shall have attained to two hundred; also of the Lord Provosts of the cities of Edinburgh and Glasgow respectively for the time being, and the chairmen for the time being of the School Boards of said cities respectively, with all such powers as are hereinafter conferred on such Senate.

Now know ye that we, by virtue of our Royal prerogative, special grace, certain knowledge, and proper motive, at the humble petition of the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, do by these presents for us, our heirs, and successors will, ordain, constitute, grant, and declare in manner following, that is to say:—

1. The following persons, namely: First, the President for the time being of the Royal College of Physicians of Edinburgh, and six other persons to be elected from time to time for the purpose by the Fellows from among the Fellows of the said College; second, the President for the time being of the Royal College of Surgeons of Edinburgh, and six other persons, to be elected from time to time for the purpose by the Fellows from among the Fellows of the said College; third, the President for the time being of the Faculty of Physicians and Surgeons of Glasgow, and six other persons to be elected from time to time for the purpose by the Fellows from among the Fellows of the said Faculty; fourth, the Lord Provosts for the time being of the cities of Edinburgh and Glasgow respectively, and the chairmen for the time being of the School Boards of said cities respectively; fifth, two persons to be elected from time to time from their own number by the teachers of Medicine in Edinburgh, recognised as before mentioned, at meetings of the said teachers, to be convened by the Presidents of the Royal Colleges of Physicians and Surgeons of Edinburgh, and two persons to be elected from time to time from their own number by the teachers of Medicine in Glasgow, recognised as before mentioned, at meetings of the said teachers, to be convened by the President of the Faculty of Physicians and Surgeons of Glasgow; and sixth, when the number of graduates of the Senate shall have attained to two hundred, five persons, to be elected from time to time by such graduates from their own number, as hereinafter provided, shall become and from henceforth for ever hereafter shall be and remain by virtue of these presents one body politic and corporate by the name of "The Senate of Physicians and Surgeons of Scotland," hereinafter in these our letters patent called "The Senate," and by the name of "The Senate of Physicians and Surgeons of Scotland," shall and may have perpetual succession and a common seal, with power to break, alter, and make anew the said seal from time to time at their will and pleasure, and by the same name shall and may sue and be sued in all courts and in all manner of actions and suits, and may take, purchase, and hold lands, buildings, and property, both heritable and movable, and sell and dispose of the same, and may also exercise the other powers hereinafter mentioned.

2. When the number of graduates of the Senate shall have attained to two hundred, the President of the Senate for the time being, or any other person whom the Senate may from time to time appoint, shall be returning officer for the election by such graduates of five of their number to be members of the Senate, and such returning officer shall, not less than two months and not more than six months after the graduates shall have attained the number of two hundred, intimate by public advertisement that nomination of graduates will be received by him on or before a day to be specified in such advertisement. The election shall be conducted in such a manner as may be provided for by regulations made from time to time by the Senate, provided always that the nomination shall be in writing, and the election conducted by voting papers, and that any person entitled to vote at such election may vote for as many candidates as there are persons to be elected. The persons so elected, to be Members of the Senate, shall enter on office on the first day of November succeeding such election.

3. Of the six persons elected from the Fellows of the Royal College of Physicians of Edinburgh, of the six elected from the Fellows of the Royal College of Surgeons of Edinburgh, and of the six elected from the Fellows of the Faculty of Physicians and Surgeons of Glasgow, one from each of the aforesaid bodies shall go out of office in 1889, and one in each of the following years till the whole have gone out of office, and thereafter the member from each College and the Faculty longest in office shall go out of office in each year. Of the two members first elected by the teachers of Medicine in Edinburgh, and of the two first elected by the teachers of Medicine in Glasgow, one respectively shall go out of office in 1890 and one in 1892, and thereafter the longest in office shall respectively go out of office each alternate year. The period for which any member is first elected shall be determined at the time by the electing body. The five members elected by the graduates shall hold office for the period of five years, and shall be elected together in the manner hereinbefore provided for. The date of entering on and going out of office for members of the Senate shall be the first day of November.

4. Any member of the Senate going or about to go out of office shall be capable of re-election, and any member of the Senate may resign his office of member of the Senate by letter, addressed to the President of the Senate, and upon the going out of office, resignation or death of any of the elected members of the Senate other than members elected by the graduates, or any other vacancy in their number, including such a vacancy as may be caused by the appointment of any of such elected members to any office, the holder of which is *ex officio* a member of the Senate, some other Fellow of the respective College or Faculty, or some other teacher of Medicine in Edinburgh or Glasgow, shall be elected in his place by the Fellows of that College or Faculty, or by the teachers of Medicine in Edinburgh or Glasgow, as the case may be, and shall hold office for the remainder of the term of office of the person in whose place he is so elected where such term of office has not expired. In the event of a vacancy occurring by death, demission of office, or otherwise as aforesaid among the members of the Senate elected by the graduates, it shall be filled up by the Senate, and the graduate so appointed shall hold office till the next quinquennial period of election by the graduates.

5. The President for the time being of the Royal College of Physicians of Edinburgh shall be the first President of the Senate, and shall hold office until the first day of November, 188 , and on the first President going out of office the next President of the Senate shall be the President for the time being of the Royal College of Surgeons of Edinburgh, who shall hold office for such period not exceeding two years as the Senate shall have determined at a special meeting held previously to his entering upon office, of which meeting not less than twenty-one days' previous notice in writing shall have been given to each member of the Senate, and on the second President going out of office the next President of the Senate shall be the President for the time being of the Faculty of Physicians and Surgeons of Glasgow, who shall hold office for such period not exceeding two years, as the Senate shall have determined at a special meeting held previously to his entering upon office, of which meeting not less than twenty-one days' previous notice in writing shall have been given to each member of the Senate; and thereafter the President for the time being of each of the said Colleges and the said Faculty in rotation shall be President of the Senate for such period—not exceeding, in each case, two years—as the Senate shall have determined in manner aforesaid.

6. The President for the time being of the Royal College of Surgeons of Edinburgh, and the President for the time being of the Faculty of Physicians and Surgeons of Glasgow, shall be the first Vice-Presidents of the Senate; and thereafter each of the Presidents of the aforesaid Colleges and Faculty who is not for the time being President of the Senate shall be a Vice-President of the Senate.

7. The President may resign his office by a writing under his hand addressed to the Senate, and delivered to the Secretary of the Senate, and in the event of his resignation the then senior Vice-President shall be President of the Senate during the remainder of his term of office.

8. At any meeting of the Senate the President, if in attendance, and if not, then one of the Vice-Presidents who is in attendance, shall take the chair, and in the absence of the President and both the Vice-Presidents some other member to be chosen from the members present shall take the chair and act as President.

9. The Senate shall hold their first meeting within six calendar months from the date of these our letters patent in such place and at such time as shall be appointed by a writing under the hand of the President for the time being of the Royal College of Physicians of Edinburgh.

10. The Senate may make such rules and regulations as to the times and places of subsequent meetings and the mode of summoning the same as to the Senate may seem proper, which rules and regulations shall remain in force until altered at a subsequent meeting, and in the absence of any rule or regulation as to summoning a meeting, the President for the time being, or either of the Vice-Presidents, may by a writing under his hand addressed to each other member of the Senate, summon a meeting at such time and place as he may think proper.

11. All acts of the Senate shall be decided by the votes of the majority of members present at a meeting of the Senate, and the chairman shall, in addition to his vote as a member of the Senate, have a casting vote in case of equality of votes.

12. No business shall be transacted at any meeting of the Senate unless there are at least twelve members of the Senate present at such meeting.

13. Notwithstanding any vacancy in the number of the members of the Senate, the Senate may exercise all powers conferred on them by these our letters patent.

14. The Senate may appoint a treasurer and secretary and such other officers as they think necessary.

15. The Senate shall have power to confer on any person who, by passing the examinations formerly held by either of the said two Colleges or the said Faculty separately, or by passing the examination held by the Examining Board of the said two Colleges and Faculty conjointly, or by passing any other examinations to be held by the two Colleges and Faculty jointly or separately, shall have already acquired or may hereafter acquire the qualifications for registration under the Medical Act, or any Act amending that Act, and who shall have also complied with such further regulations and undergone such examination as the Senate may from time to time see fit to impose or require as a qualification for a degree, both, or such one as the Senate may think proper, of the following degrees—namely, the degree of Bachelor of Medicine, and Bachelor in Surgery, and also on those who, having acquired both or either of the degrees of Bachelor of Medicine and Bachelor in Surgery, shall have also complied with such further regulations or undergone such further examinations as the Senate may from time to time see fit to impose, all, or such one as the Senate may think proper of the following degrees—namely, the degree of Doctor of Medicine, Master in Surgery, and Doctor of Sanitary Science.

16. The Senate may demand and take from each candidate for examination the following fees—namely, for the examination required for the degrees of Bachelor of Medicine and Bachelor in Surgery, singly or both, a fee not exceeding ten guineas, and for the examinations required for all or any of the degrees of Doctor of Medicine, Master in Surgery, and Doctor of Sanitary Science, a fee not exceeding five guineas in respect of each of the said examinations, but shall not demand or take any fee for granting any degree. Any stamp duties chargeable on diplomas shall be paid by the graduate.

17. Any surplus funds which may remain after defraying all expenses of carrying on the business of the Senate, and of conducting examinations for degrees, shall be apportioned as follows—that is to say, five-twelfths shall be paid to the Royal College of Physicians of Edinburgh, three-twelfths to the Royal College of Surgeons of Edinburgh, and two-twelfths to the Faculty of Physicians and Surgeons of Glasgow, for the purposes of providing and maintaining such buildings, libraries, and museums as may by the said Colleges and Faculty respectively be considered necessary; one-twelfth shall be expended in such manner as the Senate may consider proper in aid of Medical teaching in Edinburgh, and one-twelfth shall be expended in such manner as the Senate may consider proper in aid of medical teaching in Glasgow.

18. The Senate may from time to time make and alter any bye-laws and regulations (so as the same be not repugnant to the laws of the realm, or to the terms and general objects of these our letters patent) touching the qualifications for degrees and the granting of the same, and any other matters to be done under the provisions of these our letters patent, and all such bye-laws when reduced to writing, and under the common seal of the Senate, and approved of and countersigned by one of our principal Secretaries of State, shall be binding on candidates for degrees and for all other purposes within the provisions of these our letters patent.

19. Provided that any bye-law or regulation to be made by the Senate shall not be of any force until our approval thereof shall have been signified to the Senate under the hand of one of our principal Secretaries of State, or the same shall have been otherwise approved in such manner as shall be directed by us with the advice and consent of the lords spiritual and temporal and commons of our realm in Parliament assembled. And we do hereby for us, our heirs, and successors further grant unto the Senate that these our letters patent shall be in all things good, firm, valid, sufficient, and effectual in law according to the true intent and meaning thereof, and shall be construed in the most favourable and beneficial sense for the Senate notwithstanding any non-recital, mis-recital, or imperfect recital, or any other omission, imperfection, or defect whatsoever in these our letters patent. And we do further will and command that this Charter do pass the seal appointed by the Treaty of Union, to be kept and used in Scotland in place of the great seal thereof, *per saltum*, without passing any other seal or register, for which these presents shall be as well to the director of our Chancery for writing the same, as to the keeper of the said seal for causing the said seal to be appended thereto, a sufficient warrant.

Given at our Court at the day of , 1888, in the fifty first year of our reign.

By Her Majesty's command.

THE STANLEY SHOW.

THE Stanley Exhibition of Bicycles and Tricycles, held at the Royal Aquarium, has become not only an annual but a national event, and, if numbers of machines exhibited are to count, it must, we think, be assumed that of all the displays the best has been secured this year. There probably could not anywhere be found finer specimens of workmanship or better specimens of material. At the same time, the charm of novelty, so conspicuous in past years, is wanting. There is not one new machine, in the strictest sense of the term. The explanation of this peculiarity is not far to seek: it lies in the fact that on the present lines the art of construction of the cycle has approached its limits. A great many improvements of details are shown, and one machine, called a "road sculler," in which the motion is got by a movement like that of rowing, is an advance on the Rev. Mr. Taylor's invention on the same principle.

The grand aim now of every builder of machines is to effect two important savings, one in weight, the other in vibration. It is hard to say which of these two savings is, for the rider's sake, of first value. In long riding 10 lb. of weight saved is certainly worth five miles in the day's ride; but reduction of weight has to be taken into account with strength of mechanism, and herein lies the *crux cruris*. The heavier the rider the lighter should be his machine, if he has his proper requirement. The risk is just the other way; the heavy rider, in order to be safe, must have the strongest and therefore the weightiest machine. It is, however, worthy of remark that many improvements have been made in the direction of combining lightness with strength. A few years ago a tricycle intended for a man of 16 st. would have weighed 120 lb. or more; now a machine for a similar weight may be obtained not heavier than 80 lb., and we have seen one under 50 lb. The saving of vibration is also considerably advanced. There are in the Exhibition several machines in which, by thoughtful spring adjustments, vibration is reduced to the minimum.

Our own object in visiting the Exhibition was to find if there were any special features in it that would be of moment for the members of the profession of medicine to know. It often happens that in what seem quite out-of-the-way places aids to practice sometimes turn up and prove very useful, and we hoped that here we should discover one or two suggestions worthy of notice. In this we were not disappointed; nevertheless, we could have wished for more. There is no perfected machine for a country practitioner, although one of our enthusiastic brethren in the art of cycling was expected to have such a machine ready; but there are two very good machines for invalids, by which some might propel themselves for considerable distances with safety and comfort. One of these, exhibited by Messrs. Rudge, is excellent for a patient suffering from paralysis of the lower limbs. The propelling motion is obtained through a lever worked by the arms, the rider sitting securely with his legs on a foot-board and well protected; the steering also is simple, being carried out by a handle attached to the right hand lever, and under easy control. In another part there is a Coventry Chair Tricycle, made with much convenience for an invalid to get into and out of, and propelled by a rider sitting at the back. It is remarkable how easily these Coventry machine chairs run; they can be driven along at the rate of four or five miles an hour by any tricyclist who is moderately dexterious in the art, and can carry a second person of 9 st. or 10 st. weight without taxing at all severely the labour of the worker. At every health resort we should expect, in time, to see this chair in regular use. It occurred to us whilst examining the Coventry Chair to inquire if an Ambulance of somewhat similar construction had been invented, and we were surprised to find that nothing of the kind was present. An ambulance is even of more importance than a chair. There ought to be an ambulance at every police-station and at every hospital, worked by the tricycle movement. A mere modification of the chair would answer all requirements. If the bed or couch on which the injured person or patient had to recline were extended from what is now the back of the chair to a point over the front or driving wheel, and if it were neatly laid on easy springs, no mode of propulsion could be better for conveyance. Vibration might be rendered all but *nil*, and the rapidity with which the journey to camp or hospital could be carried out would greatly lessen many of the objections to the removal of the sick which now obtain. Probably the best mode of conveying infectious cases from house to hospital would be by this plan, for the ambulance might be constructed of iron throughout, and might then admit of instant disinfection after the patient was taken out of it. A light cover to the ambulance, to keep off the rays of the sun, or to ward off rain, might readily be attached, and, in addition, an arrangement could be adopted for enabling the driver of the machine to administer food or drink to the sufferer during the journey. Next year we shall hope to see a perfect tricycle ambulance in the Stanley show.

Amongst the developments of cycling two stand out in strong relief—namely, the special attention which is being paid to the construction of machines best fitted for women and the extraordinary number of machines built for military purposes. Amongst the improvements in machines for lady riders we noticed a tricycle tandem, and actually a bicycle for a lady and a gentleman on the tandem plan. This shows that cycling must be becoming popular amongst the women of the country—under proper conditions a good sign, if they do not overdo the exercise and turn a healthy into an unhealthy recreation. For athletic purposes the

machine called the "road sculler"—to which we directed attention in our opening passages—is deserving of commendation; it seems to be well thought out, and to give every facility to those who are fond of rowing for any amount of their favourite exercise on dry land. It is probable we shall soon see sculling races on *terra firma* as keen as those which mark the famous sport between Putney and Mortlake; but whether the exercise will be so sound and beneficial as cycling proper we are not prepared to say. Taking it altogether, the Stanley Exhibition of 1888 is rich in interest if not in novelty, and does the greatest credit to its energetic promoters.

We may add a few references to firms, in addition to those mentioned above, whose exhibits display points worthy of notice in connexion with the foregoing remarks. Messrs. Humber and Co. have made their machines much safer by a larger back wheel, foot and hand brake, &c. Messrs. Singer and Co. show some good carrier tricycles &c.; also a tricyle which can be altered to suit male or female riders. The Coventry Machinist Company exhibit a spring frame safety by which vibration is considerably lessened. Starley and Sutton show some good machines named the "Psycho." Mr. Dan Albone, a novelty of four machines in one. Messrs. Bayliss, Thomas, and Co., Ellis and Co., Marriott and Cooper, the Surrey Machinists' Company, Pausey and Co., Messrs. Hillman, Herbert, and Cooper, and Lamplough and Brown exhibit some good, comfortable saddles; and Salsbury and Co., some good lamps for night riding.

SOCIETY FOR THE STUDY OF INEBRIETY.

DR. NORMAN KERR, President, delivered his third and concluding lecture at the rooms of the Medical Society of London on the 25th inst. The subject was "The Jurisprudence of Inebriety." The lecturer referred to the conflict between law and medicine on insanity, now renewed more fiercely over inebriety, which medicine showed to be a disease, but law recognised only as a moral vice. Roman law made some concession to intoxication, Grecian law did not. In Pittacus drunkenness involved a double punishment for the crime. In the United States of America though inebriety was not formally recognised to be a disease, practical allowance was made for confirmed drunkenness; and in murder cases complicated with drinking the highest penalty of the law was generally averted by the wise provision of degrees of guilt. As regards property, New York State law fifty years ago classed confirmed drunkards with idiots, lunatics, and persons of unsound mind, liable to be placed under the care and control of the Supreme Court. In Germany, Austria and Switzerland there was a difference in the punishment for crimes committed in culpable and inculpable intoxication. In France no difference was made for crime, but the interdicted drunkard lost his civil rights. English law furnished a variety of contradictory rulings. It was variously laid down that drunkenness was no excuse for crime, and that it was an excuse unless it had been brought about voluntarily. A plea of frenzy from habitual intemperance has been admitted; but, on the other hand, a man was convicted of manslaughter on the ground that his frenzy was self-wrought. The result of a recent trial was very sad. Though two men were under the influence of liquor, one met his death, and the other was sentenced to twenty years' penal servitude. The judge, to his great credit, after pronouncing a death sentence, returned and changed it to the twenty years. Under our present system, as a rule, the accused fared neither better nor worse, whether drunk or sober, at the time of the commission of the offence. Injustice was sometimes the effect of existing legal practice. Many inebriates have little control, while others are born with so strong a tendency to excess that, if they drink at all, they drink to drunkenness. These might not be aware of their weakness, so that on the first occasion of their tasting liquor they might drink and commit a criminal act. Was it right that these should be tried by the same standard as their more fortunate fellows? Surely this was involuntary intoxication. Then there were the striking phenomena of inebriate trance, during which automatic state a person might be guilty of offences of which, on emerging from the trance, he had no remembrance, and of which he was unconscious at the time. There ought to be exemption from responsibility, at all events, in these four states. First, in the inebriety of insanity, when the drunkenness was simply a manifestation of recurrent insanity; second, in the insanity of inebriety, when the excessive use of alcohol, morphia, or other narcotic induced undoubted mental alienation; third, in delirium tremens, when the sufferer was often totally unconscious of his actions; fourth, in mania-a-potu, when, as in epileptic mania, the temporarily insane inebriate did not know what he was doing. The presence of alcohol often diverted the attention of judge, jury, and counsel from all other incidents of a criminal's condition. "Drink did it" was usually enough; yet frequently the accused was diseased or insane before he was overcome with liquor. Our existing jurisprudence was based on our previous ignorance of the diseased condition of many inebriates. Now, modern scientific observation has shown that there is a disease of inebriety as real as a disease of insanity, though the latter was at one time treated but as a punishment for sin. Dr. Kerr concluded by suggesting, for the study of the diseased state of many inebriates in relation to criminal responsibility, the appointment of a mixed commission of legal and medical experts in the interests of the accused, of the bar, of the bench, and, above all, of justice.

MEDICAL TRIAL.

COUMBE *v.* HANSON AND ANOTHER.

THIS action, heard before Mr. Justice Stephen and a special jury on the 27th and 28th ult., was brought by a medical man practising at Twyford, Berks, against Sir Reginald Hanson, late Lord Mayor of London, and Lieutenant-Colonel Brodhurst to recover a sum of £110, the balance of an account of 200 guineas, rendered to the defendants by the plaintiff for surgical attendance, board and lodging, &c., to Colonel Brodhurst in 1886, when that gentleman was laid up by a carriage accident. Sir Reginald Hanson was sued as having engaged to be responsible for all payments, and Colonel Brodhurst was subsequently joined in the defence. The defendants resisted the claim on the ground that, as they alleged, the charges were excessive, and there was also a question as to the application of the Statute of Frauds, in the absence of writing signed by the guarantor. It was stated for the plaintiff that the accident occurred on Sept. 6th, 1886. Colonel Brodhurst was on a visit to Sir Reginald Hanson, and went for a drive with Sir Reginald's daughter. They were driving from Walgrave, on the Thames, to Twyford station, when, near Twyford, the carriage came into collision with a dray, in consequence of the horse taking fright at a traction engine. They were thrown out, and Colonel Brodhurst sustained a fracture of the thigh. Dr. Coumbe was called to his assistance, and he was taken to that gentleman's house, where it was arranged that he should board and lodge until he was fit to be removed. He remained there for eight weeks. Sir Reginald Hanson had asked the plaintiff to do everything that was necessary, as he would not for the world that anything should happen to the Colonel, who was his guest, and a very old and particular friend, and said he would be responsible for all payments. When some difficulty arose about the plaintiff's charge, he offered to leave it to Sir Reginald; and when that offer was not accepted, Dr. Coumbe consulted with Mr. Haynes Walton, and with his assistance the charges were fixed. On that basis the account was made up—£80 for board and lodging for the eight weeks for the Colonel, his wife, and a professional nurse; 20 guineas for a visit to the Colonel at Brighton; 15 guineas for a second visit to Brighton; and £89 for general professional attendance. These charges were perfectly fair and reasonable, as would be shown by the evidence of medical and other witnesses who would be called.

The plaintiff having given evidence bearing out generally his counsel's statement, a number of medical and other witnesses were called, and they expressed their opinion that the charges in the account were perfectly fair and reasonable in the circumstances, some saying they might have charged less in certain particulars and more in others. The charges for long distances were generally stated to be from 7*s.* 6*d.* to 10*s.* 6*d.* per mile.

Some conversation ensued between counsel and the learned judge as to the application of the Statute of Frauds to the

case, and his lordship was of opinion that the statute would not apply, Sir Reginald Hanson not being sued as a guarantor.

The two defendants gave evidence, and medical witnesses called on their behalf expressed the opinion that some of the visits which the plaintiff had charged for were not necessary.

The jury eventually returned a verdict for £55 beyond the amount (£25) which had been paid into Court.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 6106 births and 4056 deaths were registered during the week ending January 28th. The annual rate of mortality in these towns, which had been 23·8, 23·3, and 23·0 per 1000 in the preceding four weeks, further declined last week to 22·5. During the first four weeks of the current quarter the death-rate in these towns averaged 23·2 per 1000, and was 1·2 below the mean rate in the corresponding periods of the ten years 1878-87. The lowest rates in these towns last week were 14·3 in Brighton, 15·2 in Derby, 15·9 in Bradford, and 17·9 in Portsmouth. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 476 and 481 in the previous two weeks, declined again last week to 478; they included 214 from whooping-cough, 61 from scarlet fever, 47 from measles, 46 from diphtheria, 39 from "fever" (principally enteric), 39 from small-pox, and 32 from diarrhœa. No death from any of these zymotic diseases was recorded during the week in Hull, whereas they caused the highest death-rates in Bolton, Nottingham, and Sheffield. The greatest mortality from whooping-cough occurred in Birkenhead, Derby, and Wolverhampton; from scarlet fever in Norwich and Blackburn; from measles in Blackburn, Bolton, and Nottingham; and from "fever" in Brighton and Nottingham. Of the 46 deaths from diphtheria in the twenty-eight towns, 29 occurred in London, 3 in Manchester, 3 in Preston, 2 in Bristol, 2 in Birmingham, and 2 in Oldham. Small-pox caused 37 deaths in Sheffield, 1 in Bristol, and 1 in Leeds, but not one in London or in any of the twenty-four other large provincial towns. The Metropolitan Asylum hospitals contained 9 small-pox patients on Saturday last, against 5 at the end of the previous week. The number of scarlet fever patients in the Metropolitan Asylum hospitals and in the London Fever Hospital was 1741 at the end of last week, against numbers declining steadily in the preceding seven weeks from 2764 to 1837; the 145 cases admitted to these hospitals showed an increase upon the numbers in the previous week. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding five weeks from 357 and 591, declined last week to 534, and were 39 below the corrected average. The causes of 75, or 1·8 per cent., of the 4056 deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bradford, Portsmouth, Brighton, Oldham, Nottingham, Wolverhampton, and Birkenhead; the largest proportions of uncertified deaths were registered in Preston, Hull, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 27·1, 24·0, and 23·3 per 1000 in the preceding three weeks, further declined to 22·4 in the week ending Jan. 28th; this rate was 0·1 below the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 12·8 and 18·9 in Greenock and Leith, to 25·4 in Aberdeen and 25·6 in Perth. The 567 deaths in the eight towns showed a further decline of 21 from the numbers in recent weeks, and included 22 which were referred to whooping-cough, 10 to measles, 9 to diphtheria, 9 to diarrhœa, 8 to "fever" (typhus, enteric, or indefinite), 7 to scarlet fever, and not one to small-pox; in all, 65 deaths resulted from these principal zymotic diseases, against 91, 78, and 66 in the preceding three weeks. These 65 deaths were equal to an annual rate of 2·6 per 1000, which was 0·1 below the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 30, 26, and 24 in the preceding three weeks, further declined last week to 22, of which 12 occurred in Glasgow and 3 in Aberdeen. The 10 deaths from measles also showed a considerable further decline from recent weekly numbers, and included 8 in Edinburgh and 2 in Leith. The 9 deaths referred to diphtheria exceeded the number in the previous week by 4; 4 were returned in Glasgow and 3 in Edinburgh. The 9 deaths attributed to diarrhœa were fewer by 4 than the number in the previous week; whereas the 8 deaths referred to "fever" showed an increase of 2, and included 5 in Glasgow. Four of the 7 fatal cases of scarlet fever, showing an increase upon recent weekly numbers, were returned in Dundee. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had declined in the preceding four weeks from 184 to 155, further fell last week to 138, and were 17 below the number returned in the corresponding week of last year. The causes of 73, or nearly 13 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 38·6, 35·8, and 31·9 per 1000 in the preceding three weeks, rose again to 33·1 in the week ending January 28th. During the first four weeks of the current quarter the death-rate in the city averaged 34·9 per 1000, the mean rate during the same period being 23·2 in London and 25·6 in Edinburgh. The 224 deaths in Dublin last week showed an increase of 8 upon the number returned in the previous week; they included 10 which were referred to scarlet fever, 8 to whooping-cough, 6 to diphtheria, 4 to "fever" (typhus, enteric, or simple), 3 to diarrhœa, 2 to measles, and not one to small-pox. Thus the deaths from these principal zymotic diseases, which had been 32 and 29 in the preceding two weeks, rose again last week to 33, and were equal to an annual rate of 4·9 per 1000, the rate from the same diseases being 3·3 in London and 3·0 in Edinburgh. The 10 deaths from scarlet fever exceeded the number in the previous week by 3; the 6 from diphtheria showed a similar increase, as also did the 8 fatal cases of whooping-cough. The deaths referred to "fever," as well as those attributed to diarrhœa, were fewer than those in the previous week. The deaths of infants showed an increase, whilst those of elderly persons showed a further decline from the numbers in previous weeks. Four inquest cases and 4 deaths from violence were registered within the city; and 62, or more than a quarter, of the deaths occurred in public institutions. The causes of 33, or nearly 15 per cent., of the deaths in the city were not registered.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Deputy Surgeon-General William Marshall Webb, to be Surgeon-General (ranking as Major-General), vice Herbert Taylor Reade, V.C., C.B., granted retired pay (dated Dec. 31st, 1887); Brigade Surgeon Frederick William Wade, to be Deputy Surgeon-General (ranking as Colonel), vice William Marshall Webb (dated Dec. 31st, 1887); Surgeon-Major Chas. Albert Maunsell, M.D., to be Brigade Surgeon (ranking as Lieut.-Colonel), vice Fredk. William Wade (dated Dec. 31st, 1887); and Brigade Surgeon Francis Patrick Staples is granted retired pay (dated Feb. 1st, 1888).

RIFLE VOLUNTEERS.—1st Dumbartonshire: Acting Surgeon J. M. Cameron, M.B., resigns his appointment (dated Jan. 28th, 1888); John Robert Fleming Cullen, M.B., to be Acting Surgeon (dated Jan. 28th, 1888).—2nd (Glamorgan) Volunteer Battalion, the Welsh Regiment: John Arnallt Jones, Gent., to be Acting Surgeon (dated Jan. 28th, 1888).

BEQUESTS.—The executors of the late Miss Alice Lowe, of South Shore, Blackpool, have recently paid to the Bolton Infirmary a bequest under that lady's will amounting to £3383. A further sum of £4500 is also bequeathed to that institution, subject to the life interest of the testatrix's nephew. The executors have also just paid to the trustees of the Royal Albert Asylum, Lancaster, £500. A sum of £1000 is bequeathed towards any scheme for an infirmary, dispensary, or cottage hospital for Blackpool.

Correspondence.

"Audi alteram partem."

ERYTHROPHLŒINE.

To the Editors of THE LANCET.

SIRS,—In last week's issue of THE LANCET (Jan. 28th, p. 190) an account is given of erythrophlœine, which is stated, on the testimony of Dr. Lewin of Berlin, to be a new anæsthetic. Will you allow me to state that during the last fortnight I have made many trials with solutions of the hydrochlorate of this drug on the human eye, but have failed to observe any decided anæsthetic effect. The solutions were obtained from Mr. Martindale of New Cavendish-street, and may therefore be assumed to be pure and genuine. My first trials were made with a 0·5 per cent. solution; but this produced very severe pain and irritation, accompanied by ciliary injection lasting from six to forty-eight hours. A 0·25 per cent. solution produced only a degree less pain and irritation, without discoverable anæsthesia. A still weaker solution of 0·125 per cent., or 1 in 800, was also negative as regards anæsthesia. After many trials with a solution of this strength I have been unable to obtain any appreciable anæsthetic effect. The immediate effect is severe smarting, lasting from ten to thirty minutes; and at any time from ten minutes to twelve hours after the application a minute drop of a solution of nitrate of silver or of carbolic acid, applied to the conjunctiva, produced as much smarting in the eye to which the erythrophlœine had been applied as in the other eye. I would even say that in my own case the smarting lasted longer in the eye to which erythrophlœine had been applied. In other respects the effect of the application is very disagreeable; the sight is very much blurred for many hours, so that everything appears as if enveloped in a dense pea-soup fog; and around any artificial light there is a pronounced circular halo, with the red rays outwards. The halo is not associated with increased tension, but is probably due to disturbance of the corneal epithelium, which is obviously dulled. I would add that so far from erythrophlœine producing contraction of the pupil, as alleged in your notice, in all cases I watched there was a wide though not complete dilatation.

In the face of these opposite results, it would perhaps be well to assume that erythrophlœine has not yet been obtained in a simple and definite form, and that there is more than one active principle present in the substance now in the market. Be this as it may, it is certain that, if even a very weak solution be used as a substitute for cocaine for eye operations, disappointment and perhaps something worse may follow.

In conclusion, I may say that Mr. E. T. Collins, the senior house surgeon at the Moorfields Ophthalmic Hospital, has also made independent observations at my suggestion, and has obtained results substantially the same as mine.

I am, Sirs, yours truly,

Harley-street, W., Jan. 31st, 1888. JOHN TWEEDY.

THE RECENT DISCUSSION AT THE PATHOLOGICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—I had hoped that the Hendon cow discussion would have been allowed to rest for a while. I must, however, ask you to kindly permit me to reply to Dr. Klein's letter in your issue of Jan. 28th.

Dr. Klein writes, "Dr. Crookshank expressed great indignation at my having exhibited to that meeting 'without his permission' 'his' calf.....Now, the fact of the matter is that this calf was not Dr. Crookshank's property. It belonged to Professor Brown, and had been sent along with similar calves by Professor Brown to the animal vaccine station," &c.

The protest which I made was a firm but not an indignant one, and is expressed in your issue of Jan. 21st, p. 122, as follows: "Without being consulted, some of his results had been published, and one of his calves brought down to this meeting, by Dr. Klein. He thought that an observer being allowed to give his version of another investigator's work before it was completed and published, and being allowed to show one of his animals, was an event unparalleled in the history of the Pathological Society." It was not a question of the actual ownership of the calves. As a matter of fact, they are the property of the Agricultural Department of the Privy Council. But they were entrusted to me for my experiments, and I could therefore surely speak of them for the time being as "mine." It was I myself who, on the morning of the special meeting, arranged that the calf which was to be exhibited should go straight on to the Animal Vaccine Station, and I (not Professor Brown) further arranged for two other calves to follow afterwards from the Royal Veterinary College. I did this under the impression that the experiments to be done were to be jointly done, and I distinctly understood at the time that Mr. Murphy would co-operate with me. Mr. Murphy gave me to understand that he was most anxious to work with me at the cow-pox aspect of the question, and he accepted my invitation to visit the Wiltshire farm and cross-examine the milkers. He returned "greatly impressed" with what he had seen and heard, and even went so far as to say that if it was not vaccinia he did not know what it could be. Yet his co-operation fell through. Why? I attended very regularly at the Animal Vaccine Station, and the first inoculation I made jointly with Dr. Cory; the second inoculation I made jointly with Mr. G. W. Collins, Dr. Cory being away; the third and fourth inoculations were made by Dr. Cory in some forty places for each animal, and in the presence of Professor Brown, Dr. Klein, and myself.

Now, my protest was directed to the fact that although Professor Brown and I met Dr. Klein, and we together inspected the calf on the very morning of the meeting at the Pathological Society, Dr. Klein gave us no intimation of his intention to exhibit it at the meeting. Had this proposal been made to me I should willingly have approved of it, provided that I had shown also the other calf (the first remove from the boy's thumb) which had resisted the test of revaccination. To keep this calf back, and to show only the second remove or pustular calf, which had proved not to be protected, will hardly commend itself to anyone as fair criticism or impartial co-operation for the advancement of science.

The second part of my protest was directed to the fact that Dr. Klein endeavoured to explain away certain experiments of mine which are not yet published, and at which he was not even an onlooker. From some rough notes of these experiments, which I sketched out for the benefit of those interested in looking on at the experiments, Dr. Klein presented to the Society a pedigree with certain comments, which was printed in leaflet form and distributed by an attendant to the members of the Pathological Society. I am surely justified in taking exception to this when I have promised that all these experiments will in due time be published in full.

In conclusion, the subject of cow-pox has been pressed to the front, but it must be remembered that the main question which is at present before the profession is whether a certain vesicular disease of the teats of cows at Hendon, a disease communicable from animal to animal by the hand of the milker, was the very disease which we in man call scarlatina. In other words, was the Hendon cow disease a disease new to science, which might be called the Hendon or "scarlatinal" pox? The results of my investigation have forced me to very different conclusions, and these it was my duty to lay before the profession.

I am, Sirs, yours sincerely,

Jan. 30th, 1888. EDGAR M. CROOKSHANK.

IMMEDIATE CLOSURE OF TRACHEAL WOUNDS.

To the Editors of THE LANCET.

SIRS,—In support of your editorial remark on the advantages of immediate closure by suture of tracheal wounds, I would refer to a case published in THE LANCET, Jan. 2nd, 1886, where the blade of a broken tooth forceps was extracted from the right bronchus. The incision in the trachea was an inch and a half long, and this I carefully closed by suture. The external wound was also closed after drainage tubes had been introduced. I am convinced this proceeding materially contributed to the successful issue of the operation, by shutting out the cold air from the lungs and preventing wound secretions entering the trachea. It will not be always desirable to close the tracheal wound, but in those instances where an operation is performed for the removal of foreign bodies from the air passages, in some

cases of suicidal wound, and generally where the conditions for local repair are favourable, there are obvious advantages to be gained by the immediate suture of the tracheal wound.

I am, Sirs, yours faithfully,

Harley-street, W., Jan. 30th, 1888. WILLIAM MAC CORMAC.

HOMŒOPATHY DISCARDED BY ITS OWN PRACTITIONERS IN LONDON AND THE UNITED STATES.

To the Editors of THE LANCET.

SIRS,—I observe that you have on several occasions lately spoken of Dr. J. Kidd as the "leading homœopathic practitioner in London." After the formal renunciation of his connexion with homœopathic institutions made by Dr. Kidd himself in your own paper in May, 1881, it seems scarcely right to say that he occupies any leading position as regards homœopathy. As I am pretty well acquainted with homœopathic concerns, I can assure you that Dr. Kidd, though he may have a very large practice, is not considered an authority, far less a leader, in homœopathy.

As for Dr. Potter, I think his own account of himself in your impression of to-day must convince anyone that he is no authority whatever on homœopathy in America. Of course, having ratted over to the other side, he is bound to try to disparage as much as possible the side he has left. His "Index of Comparative Therapeutics" is useful as showing what a large number of remedies have been taken by allopathic writers from homœopathic sources. If some of the practitioners of homœopathy occasionally borrow a remedy from the old school, which I dare say may be the case, they are never ashamed of doing so, and make no concealment of the fact, which conduct might with advantage be imitated by your school when they borrow from us.

I am, Sirs, your obedient servant,

Montagu-square, Jan. 28th, 1888. R. E. DUDGEON.

*** Dr. Dudgeon does not seriously impair our argument from the case of Dr. Kidd, who is the leading refuge of homœopathic practitioners, nor the authority of Dr. Potter as to the state of homœopathic practice in the States.—ED. L.

HÆMORRHAGE AS A SYMPTOM ATTENDING MYXŒDEMA.

To the Editors of THE LANCET.

SIRS,—I have noticed with interest the observations of Dr. Shelswell and others on the above-named subject. I have had for some time under my care a lady who has been slowly developing more and more clearly all the symptoms of this disease, not the least marked indications being the dull, apathetic state of the mind. About a month since I was summoned to her in great haste, as she had alarmed her friends by a rather sharp attack of hæmoptysis. With quiet and simple astringents the attack passed away; but the observations which have appeared in THE LANCET on the subject appear to me to be well founded, and this slight confirmatory evidence may be of help in establishing one fact in this intractable disease, and may be of interest to your readers.

I am, Sirs, yours obediently,

R. LAYCOCK ROUTH, L.R.C.P. Edin., &c.

Banbury, Jan. 26th, 1888.

LIVERPOOL.

(*From our own Correspondent.*)

A NEW CITY MORTUARY.

IT is expected that a new mortuary will shortly be commenced, the Mersey Docks and Harbour Board undertaking the erection, the cost of which will be £600, the Board and the City Council equally sharing the expense. The new mortuary will replace the present very inadequate dead-house, a structure wholly unfit for the reception of dead bodies, and still more so for the making of post-mortem examinations. These latter are often of a very important character, involving medico-legal points and forming the subjects of subsequent criminal trials. When the new mortuary is completed, the Dock Board and City Council will receive, as they certainly will have merited, the thanks of all those medical practitioners whose health and comfort will derive such material benefit from the change.

THE HOSPITAL FOR WOMEN.

The annual meeting of the Hospital for Women, which was looked forward to with much interest, was held on Jan. 27th, under the presidency of the Mayor, and was a great success. The Mayor and Mayoress had paid a visit to the hospital previously to the meeting, and were much pleased with its excellent order and the care and comfort bestowed upon the patients. The Lord Bishop of the diocese (Right Rev. Dr. Ryle) moved the adoption of the report, which was a very favourable one, and spoke highly of the hospital as a training school for future practitioners in an important department of medicine and surgery. Sir William Forwood, in seconding the motion, paid a well-merited compliment to the Ladies Committee, and urged the importance of increased pecuniary help to enable all the available beds to be utilised.

THE NORTHERN HOSPITAL.

At the annual meeting of the trustees and supporters of the Northern Hospital it was resolved that the election of honorary medical officers shall in future be vested in an electoral committee, consisting of the General Committee, the honorary medical officers, and a hundred additional members to be selected from the trustees. This, it is expected, will save future candidates from much expense and trouble and the trustees from much annoyance, without any disadvantage to the candidates themselves. An interesting account was also given of the work done by the horse ambulance, both during the past year and since it was first established in connexion with this hospital.

MILK ADULTERATION.

The persistency with which milk vendors continue to adulterate milk with water was shown in a case recently brought before the magistrates, the defendant having already been repeatedly fined. He was now fined £10 and costs.

Jan. 31st.

NORTHERN COUNTIES NOTES.

(*From our own Correspondent.*)

NEWCASTLE THROAT AND EAR HOSPITAL.

THE annual meeting of the Newcastle Throat and Ear Hospital has been held, and the report shows that over 2000 patients had been treated during 1887. The financial state of the hospital was also satisfactory, a sum of £239 13*s.* 2*d.* having been received during the year from the voluntary contributions of the patients. The vacancy caused by the resignation of Mr. John Foggin (whose loss the committee regretted) had been filled up by the appointment of Dr. Wm. Robertson, who had been already attached to the staff, while Dr. Robertson's duty is taken by Mr. Arthur Hepworth, who has been recently elected surgeon to the hospital. The hospital is quite free from debt, but is sadly in need of extension. A bazaar held in November last was successful in adding about 100 guineas to the building fund.

NEWCASTLE ROYAL INFIRMARY.

A nominal vacancy has taken place in the infirmary for an assistant surgeon, caused by Mr. G. E. Williamson's expiration of office, he having been elected for a period of seven years. After Mr. Williamson's faithful and diligent attention at the infirmary, I should say he is almost certain to be re-elected, and scarcely likely to be opposed. Writing of the infirmary, I believe that its forthcoming report will show in a satisfactory way the effects of the late reforms in its constitution. When I told you in these notes that it was contemplated to make it a free hospital, it was officially contradicted; but "coming events" having "cast their shadows before them," the information I gave was substantially correct. The infirmary is *now* to a great extent free, but it will be soon virtually free to *all* patients. The proposal to make it a free hospital has met with the general approval of the governors, who had previously supported it. Scarcely any have withdrawn, while

others who were already large subscribers have doubled their subscriptions. Such is the value of a liberal policy in trusting the public.

THE MILITARY STAFF IN THE NORTH.

The post of principal medical officer in the northern counties, vacant by the removal to Edinburgh of Deputy Surgeon-General Marshall Webb, has been given by the Duke of Cambridge to Deputy Surgeon-General Johnstone Ferguson.

Newcastle-on-Tyne, Jan. 31st.

DUBLIN.

(From our own Correspondent.)

CHAIR OF SURGERY IN QUEEN'S COLLEGE, GALWAY.

IT is understood that Dr. Wm. Westropp Brereton has been selected as the successor to the late Dr. Valentine Browne, Professor of Surgery in this institution. Dr. Brereton was medical officer of Oughterard Workhouse and Dispensary, county Galway. The usual procedure in an appointment of this kind is that the President nominates a candidate and the Chief Secretary elects him to the vacant chair. Dr. Brereton has had a good deal of experience, and although not a graduate of the Galway College, there is little doubt that he will fulfil the duties of the appointment in a thoroughly satisfactory manner.

DUNGANNON CORONERSHIP.

An active canvass has been carried on by several candidates for the post of coroner for the baronies of Upper, Middle, and Lower Dungannon, in the county Tyrone, vacant by the death of Mr. Hamilton of Cookstown. A meeting was held in Dungannon last week for the purpose of selecting a Unionist candidate from the four who had issued addresses. Mr. Thomas J. Browne of Dungannon was selected by a large majority, and if the friends of the other Unionist candidates work for him he will be elected, but otherwise he will be defeated, as the Nationalist voters will support a single candidate.

PRESENTATION TO R. STAMER O'GRADY, F.R.C.S.I.

A preliminary meeting was held last week at the residence of Dr. Donnelly to appoint a committee to arrange the form which the proposed presentation to Mr. O'Grady should take. Dr. Donnelly, who presided, said their object in meeting was to consider how they might best organise a presentation to Mr. O'Grady, not only on account of the recent inquiry at Mercer's Hospital, but to carry out a desire long since expressed by past students of that hospital to present him with some suitable testimonial of his twenty-two years' service in that institution, and in recognition of his services to it and to them. It was to be purely and simply a tribute to Mr. O'Grady's service to the poor attending at Mercer's, for whose welfare he had done so much. He wished it to be understood that this movement was in no way connected with the testimonial which was to be presented to Mr. O'Grady by his professional brethren in Dublin. Drs. King, Irwin, and S. H. Webb were elected honorary secretaries, Dr. Donnelly treasurer, and Drs. Keys, McGrath, and Barry members of a committee, with power to add to their number. Subscriptions to the amount of some £50 having been promised, the meeting adjourned.

THE MARGARINE ACT.

The first prosecutions in this country under the Margarine Act, 1887, were last week instituted at the Dublin Police-court by the Inspector of Food. Sir Charles Cameron, city analyst, gave evidence that the samples of "butter" consisted nearly all of fats foreign to butter, and in three cases heard by the magistrate a fine of £10 in each was imposed. There are nearly twenty summonses still pending against traders for infringement of the Act.

Dr. P. J. Daly has been unanimously elected by the Cork Dispensing Committee medical officer in the vacancy created by the resignation of Dr. Riordan.

Dublin, Jan. 31st.

AT the annual meeting of the supporters of the Blackheath and Charlton Cottage Hospital on the 28th ult., it was announced that the Earl of St. Germans had given a site for the erection of a new hospital.

BELFAST.

(From our own Correspondent.)

BELFAST MEDICAL STUDENTS' ASSOCIATION.—ANNUAL CONVERSAZIONE.

THE second annual conversazione in connexion with the Medical Students' Association was held in Queen's College on Thursday evening, Jan. 27th, and was a great success. The College was very beautifully decorated, and the attendance, which included a great number of the medical and other professions, was very large. Tea was served at 7.30 in the great hall of the College, those presiding being the lady relatives or friends of the medical professors and members of the medical staffs. After tea Professor Letts gave an interesting lecture, illustrated by experiments &c., in the chemistry lecture room, succeeded by *tableaux vivants* in the examination hall. Several musical pieces were given during the evening by well-known amateurs, and an amateur orchestra performed. Professor Fitzgerald delivered a very amusing lecture on the "First, Second, Third, and Fourth Bridges." The conversazione, which concluded after eleven o'clock, was one of the most successful which has ever been held in Belfast, and reflected great credit on the committee of medical students who arranged the entertainment.

THE SAMARITAN HOSPITAL.

The annual meeting of the friends of this charity was held on Jan. 26th. I gather from the medical and surgical report, presented by Dr. M'Mordie, that during the year there were 950 extern and 113 intern patients. There were ten cases of abdominal section, with one death, and in this case it was necessary not only to remove a large tumour, but also the womb itself. Of the ten cases, four were private cases, two were free, and four paid the ten shillings weekly to the funds of the hospital. There have been during the year many cases of illness, which have entailed on poor persons years of misery, cured by a surgical operation and a few weeks' nursing. In cases of cancer not suitable for surgical interference a trial has been given to the treatment recommended by Mr. Clay of Birmingham, with an encouraging result certainly in one case. From the report of the honorary secretary I find there were twenty-one additional subscribers to the hospital, and that the income from that source was £11 in excess of last year.

ULSTER EYE, EAR, AND THROAT HOSPITAL.

From the reports read at the seventeenth annual meeting of the supporters of this hospital, held on Jan. 27th, it appears that during the past year 1924 were attended at the hospital, of whom 223 were intern patients. At the beginning of the financial year there was a debt of £18, now increased to £35, chiefly in consequence of heavy outlay caused by deficient water supply and repairs of water-pipes. The income of the hospital from subscriptions was £77 14*s.* 6*d.*; from endowments, £85 17*s.* 8*d.*; from patients, the friends of patients, and Poor-law boards, £438 6*s.* 3*d.*; making a total of £601 18*s.* 5*d.* Of the 223 intern patients, 131 were paid for by themselves, or friends, or by Poor-law boards, at the ordinary hospital rate of 10*s.* weekly; 50 were free; and 42 were private patients. Miss Benn has given £300 towards the extension of the hospital. The committee have ground available for this extension, and when £700 is subscribed in addition to this £300 they could enter on the undertaking. The hospital has recently been recognised by the Royal University as a teaching institution for students, who now attend regularly. The special feature in the operative work for the year, referred to by Dr. McKeown, has been the frequency and success with which operations have been performed for unripe cataract by the method which was first introduced into this hospital in 1884.

MEDICAL TEMPERANCE ASSOCIATION.

At the annual meeting of the North of Ireland Branch of the British Medical Temperance Association, held in Belfast on Jan. 26th, Brigade-Surgeon McFarland was re-elected president, and Dr. Mackenzie secretary and treasurer, for the ensuing year.

CASE OF ENTERECTOMY AT THE ROYAL HOSPITAL.

On Thursday forenoon, Jan. 26th, Professor Sinclair removed three inches of the jejunum from a man aged sixty.

who had suffered for eighteen months from artificial anus, the result of a strangulated hernia. Lembert's method of suture was used, and I am glad to be able to report that the patient is making satisfactory progress. Dr. Sinclair showed the resected portion of intestine at the meeting of the North of Ireland Branch of the British Medical Association, held in Belfast on Jan. 26th, the day of the operation.

Belfast, Jan. 31st.

PARIS.

(From our own Correspondent.)

DYSPEPSIA AND CANCER OF THE STOMACH.

DR. DUJARDIN-BEAUMETZ, a distinguished therapeutist, whilst admitting that Professor Germain Sée has greatly contributed towards an improved system of therapeutics in gastro-intestinal affections, stated at the last meeting of the Academy of Medicine that he could not attach the importance that his learned colleague does to the diminution or absence of hydrochloric acid of the gastric juice as a diagnostic sign special to cancer of the stomach, as this sign has been established in a great number of affections, amongst which is dilatation of that organ. Moreover, the chemical study of the gastric juice does not permit one to establish a rational treatment if the other clinical phenomena are not taken into consideration. As regards dyspepsia, which Professor Sée considers as determined by a perturbation caused by the chemical action of gastric digestion, Dr. Dujardin-Beaumetz refuses to look upon it as a morbid entity, as it is as much a simple symptom as is vomiting. The physician should therefore establish the clinical signs of each of the affections of the stomach in the course of which dyspepsia may present itself, but it should be considered absolutely as a secondary symptom. Professor Sée responded by adhering to the gist of his communication, which was reported in THE LANCET of last week, and in which he admits only one dyspepsia—one, namely, that is exclusively chemical—that is to say, due to the alteration of the gastric juice. Outside this there are only nervous and motor troubles. As to the value of "anachlorhydry," it is constant in the case of cancer of the stomach, but it is not exclusive, as it is found in certain mucous dyspepsias, and particularly dyspepsias arising from marasmus or from inanition. With regard to the diminution of urea in the urine as a sign of cancer of the stomach, brought forward by Dr. Constantin Paul, Professor Sée considers it of little value, as urea is diminished in cancer as it is in all cases of inanition, and particularly in that consecutive to diseases of the liver, as has been shown by Professor Brouardel. Dr. Laborde, who took part in the debate, made the remark that in the physiological state the stomach contains lactic acid, and not hydrochloric acid; to which Professor Sée retorted that at the commencement of digestion lactic acid alone may be found in the stomach, but from twenty-five to thirty minutes afterwards hydrochloric acid predominates, and this was the reason why he recommended that the test should be practised from forty-five to sixty minutes after the ingestion of food.

THE DURATION OF WHOOPING-COUGH.

It may be remembered, with reference to the instructions of the Academy of Medicine on the isolation of patients suffering from infectious or contagious diseases, and which were published in THE LANCET of Jan. 14th, no mention was made of whooping-cough, and the paper was in consequence returned to Dr. Ollivier, the reporter, for revision. At the last meeting of the Academy Dr. Ollivier submitted his report, which was the same as the previous one, except that the omission referred to was rectified in the following terms: "As the duration of whooping-cough is extremely variable, pupils should not be authorised to return to their schools until thirty days after the absolute disappearance of the characteristic fits of coughing."

THE TOXICITY OF EXPIRED AIR.

In pursuing his researches relative to the toxicity of expired air referred to in my letter which was published in THE LANCET of December 10th, Professor Brown-Séquard ascertained that a liquid obtained from the vapour emanating from the respiratory tract was so toxic that a dose of one milligramme inoculated into dogs determined the dilatation of the pupils, a notable diminution of the respiration, and a sort of paralysis of the extremities. After a dose of twenty centigrammes the animal always succumbs in the space of seven hours. The poison thus extracted is an organic alkaloid, and not, as might have been supposed, a microbe, or rather, a series of microbes. From these curious researches, the following conclusions may be deduced:—1. In confined air is found a volatile principle, most deadly in its effects, emanating from the lungs, and much more dangerous than the carbonic acid which is also met with in it. 2. Human breath, as well as that of animals, thus contains a poison which is most powerful. It may be added that Dr. Wurtz, son of the eminent chemist, has just found an identical alkaloid in the blood of certain animals.

Paris, Jan. 31st.

ROYAL COLLEGE OF PHYSICIANS.

IN our impression of last week, at the hour of going to press, we briefly noticed the proceedings at the long-delayed but anxiously expected Comitia of the Fellows of the Royal College of Physicians, which met on Thursday, Jan. 26th. The attendance of Fellows was exceptionally large—perhaps more numerous than upon any previous occasion. Sir William Jenner, Bart., President of the College, was in the chair. At the commencement of the proceedings a letter from the Editors of THE LANCET was read, requesting that their shorthand reporter might be present during that part of the proceedings which it was understood would deal with a question of unusual interest to the profession at large. However, so far as we can ascertain, this was not put to the meeting; consequently it may be inferred that the request was objected to. The matter of special interest to which we have above alluded was a motion by the senior Censor, seconded by the third Censor, to the following effect:—

"That it is undesirable that any Fellow, Member, or Licentiate of the College should contribute articles on professional subjects to journals professing to supply medical knowledge to the general public, or should in any way advertise himself or sanction his being advertised in such journals."

We understand that the omission of the words "in such journals" was moved as an amendment. As the President was leaving the chair, a Fellow moved that the proceedings of the Comitia should be considered by Fellows present as *secreta collegii*, which, of course, effectually prevented any lengthened or adequate report of the discussion appearing in our last issue. The debate was eventually adjourned. No date was at that time fixed for the resumption of the discussion, but the Fellows were informed by circular next day that the meeting would be continued on the 2nd inst. On this evening, as on the previous occasion, the attendance was exceptionally large, and after a prolonged debate the Censors' resolution was carried by a large majority. This resolution was not seconded by the second Censor, as is ordinarily the case on such occasions; but this we can understand, as that gentleman has accepted a position which his predecessor resigned after a correspondence with the Censors' Board. We know the explanation which this gentleman offered and doubtless repeated at the meeting—viz., that since that time the connexion between the association and the journal which was the immediate cause of the action of the Censors had been "severed," the journal now being said to be no longer the organ of the Association. But, as we have already stated, looking to the identity of the person who was prime mover in the formation of the Association, chairman of its executive committee, and proprietor and editor of the journal, we cannot accept this explanation as at all satisfactory. Again, the intimate connexion between the two—Association and journal—was plainly indicated in the report of the proceedings when the said physician formally took over the presidential responsibility. We

understand that one of the Fellows of the Royal College of Physicians—indeed, the gentleman who presided over the Association at the time when the *quasi*-medical journal was first attached to that body—explained to the Comitia in very strong terms at the recent meeting what he had already done, we infer, in his correspondence with the Censors of the College. Actions speak louder than words; and his resignation of the presidency of the Association at the call of the Censors was proof of sincerity. As may be supposed, the result of the discussion upon this resolution led to remarks about other Fellows and Members of the College. Amongst cases which have lately been the subject of investigation by the Censors' Board, and mentioned by the senior Censor in proposing the resolution, was that of a monthly journal which, previously to its appearance some three months ago, contained in its circulars, prospectuses, and coloured handbills the names of several Fellows, Members, and Licentiates of the Royal College of Physicians. The name of the Fellow to whom allusion has been made as having accepted the presidency of the Association appeared with others in these announcements. It is but just to state that when his attention was directed to the matter he immediately directed that his name should be withdrawn, but unfortunately thousands of these advertisements had been distributed in the objectionable way stated. But a very distinct line should be drawn with reference to these accusations, and, indeed, to all cases of the kind which have arisen—namely, between those members of the profession who connive at the publication of unprofessional announcements and those who are wholly unaware of their existence. The Censors' Board received explanations from these gentlemen which we may infer were satisfactory. However, now that this matter is fully before the Colleges, as also before the general body of the profession, there should be some attempt to define where the line can be drawn between professional and unprofessional conduct with reference to such appeals to the public.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following candidates, having conformed to the bye-laws and regulations and passed the required examinations, were granted the licence to practise Physic:—

Anderson, G. R., St. Thomas's.
*Andrews, Lancelot W. St. Barthol.
Ashley, S. Dukes, London Hosp.
Benson, Alfred Hugh, Bristol.
*Bowman, R. Oxley, Manchester.
*Bray, G. A. T., King's College.
*Bromhead, F. H., Lond. Hosp.
Brooks, R. Philip, King's College.
*Brown, W. G. S., St. Barthol.
Browne, Robley H. J., Guy's.
Bueno de Mesquita, S., Guy's.
*Calder, Frank, Bristol.
*Carter, W. J. B., St. George's.
Castle, B., St. Bartholomew's.
*Cautley, E., St. Bartholomew's.
Caven, W. Proudfoot, Toronto.
*Clark, C. Mackinnon, St. George's.
Clarke, G. Saunder, St. George's.
Cleveland, H. F., Univ. College.
Cockerill, J. W., St. Barthol.
*Collier, H. Stansfield, St. Mary's.
*Cotton, W. Mitchell, Univ. Col.
Cox, C. A. S. B., St. Thomas's.
Cree, Jas. D., Middlesex Hosp.
*Da Costa, F., Xavier, Bombay.
*Daniell, R. P., Univ. Coll.
*Darroll, W. Burwell, Lond. Hosp.
*Davey, W. H. H. C., Charing-cross Hospital.
*Devis, Harry François, Bristol.
Draper, J. W., Univ. College.
Drew, Hedley Vicars, Univ. Col.
Drew, Henry William, Guy's.
Duckett, C. Alexander, Univ. Col.
*Durrant, T. Arnold, St. Thomas's.
Eccles, Charles H., St. Thomas's.
*Edwards, C. Stanstay, St. Barthol.
*Elphick, Harry W., Univ. Col.
Ferraby, Geo. A., Birmingham.
*Forster, John E., Westm. Hosp.
*Francis, T. W., St. Barthol.
Freeman, C. D., Charing-cr. Hosp.
Gedge, A. Johnson, Lond. Hosp.
Gough, H. Edward, Manchester.
Graham, W. ap S. Jas., St. Mary's.
*Grentell, W. T., London Hosp.
*Guiselin, Frentz W., St. Mary's.
*Hardy, William E., St. Barthol.
*Heaton, G., St. Barthol.
Heffernan, H. H., St. Thomas's.
*Holland, Charles T., Univ. Coll.
Holt, Arthur K., St. Barthol.
*House, F. Maurice, St. Thomas's.
Jeeves, F., Charing-cross Hosp.
*Jermaine-Lulham, Fred. Sydney, St. Bartholomew's.
Jones, Robt., St. Bartholomew's.
Kershaw, E. E., Middlesex Hosp.
Kirkhouse, George, St. Barthol.
Lakeman, Thomas, St. Barthol.
*Langley, R. J., St. Thomas's.
*Layng, Hy., Westminster Hosp.
Lissaman, Thomas, St. Barthol.
*Lucas, Albert, St. Barthol.
Maberley, John, Middlesex Hosp.
Malsey, C. Thos. Boodle, Guy's.
*Marriott, Horace Bruce, Guy's.
*Miller, A. Dixon, Birmingham.
*Mothersole, Robert D., Guy's.
*Mould, Geo. Thos., St. George's.
Naumann, J. C. F., Charing-cross Hospital.
Ogilvie, Fergus M., St. George's.
Ord, William T., St. Mary's and Bristol.
Ovens, Thomas, Toronto.
Pedler, William F., St. Barthol.
Pettingill, A. E. A., St. Barthol.
Phillips, Josiah Northey, Guy's.
*Randall, Ernest B., Univ. Coll.
Raywood, John R. Isaac, Guy's.
Rees, John, Middlesex Hosp.
*Rees, John L., London Hosp.
Reeves, John Kingham, Guy's.
Roberts, Astley C., Guy's.
*Robinson, Thomas, St. Barthol.
Rossall, Joseph C., St. Mary's.
*Salisbury, Chas. Ramsden, Leeds.
*Sapp, J. G. V., Charing-cr. Hosp.
Scadding, H. Crawford, Toronto
*Scott, Arnold, Guy's.
Scott, H. J. H., Melbourne and King's College.
Seagrove, H. A., University Coll.
Shaw, Wm. Rutherford, Toronto.
*Shipton, Herbert, King's Coll.
*Smeeton, Charles Wm., Leeds.
Somerset, Edward, King's Coll.
Spencer, Henry A., St. Thomas's and Bristol.
*Spink, Christopher P., Leeds.
*Starling, Ernest Henry, Guy's.
*Streatfeild, Percy Wm., Guy's.
*Symonds, Henry, St. Barthol.
Thomas, T. Nash, London Hosp.
*Thompson, Robert, Guy's.
*Tyacke, Nicholas, Middlesex Hos.
Tyrrell, A. F., Middlesex Hosp.
Wadham, F. Jesser, St. George's.
Walker, Jas. Herbert, Univ. Coll.
*Wayte, John, St. George's.
*Weekes, C. Jones, Univ. College.
Weatherley, Arthur J., Oxford, Middlesex Hosp. and Bristol.
White, Frederick Job, Montreal.
*Wise, Hy. Wellsted, Edinburgh.
Woodyatt, John F., Manchester.
Wyatt, W. L., Middlesex Hosp.

* Approved by the Examining Board.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on Jan. 26th the degrees of Bachelor of Medicine and Bachelor of Surgery were conferred on the following gentleman:—

Francis Charles Servaes, King's.

SOCIETY OF APOTHECARIES.—The following gentlemen, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and have been admitted as Licentiates of the Society:—

Bampfylde, James, Malabar House, Bexley, Kent.
Blacklock, John, East Bank, Haslingden.
Bryden, F. W. Augustus, Beech House, Ufculme, Devon.
Garvey, H. Patrick, Thorne-terrace, Barnes, Surrey.
Handcock, George, Leathley Lodge, Hunslet, Leeds.
Killick, Charles Rowe, London-road, Dover.
Modiin, Isaac Gibson, Featherstone-st., Roker, Sunderland.

The following passed the Surgical part of the examination:—

Adams, Campbell Rutherford, St. Thomas's Hospital.
Brown, Walter Sigismund, Guy's Hospital.
Marris, William, Middlesex Hospital.
Mead, Theophilus W., St. George's Hospital.
Stovin, Cornelius Fredk., London Hospital.
Watkins, Walter, St. Bartholomew's Hospital.
Westwood, John, Queen's College, Birmingham.
Winn, Thomas Cromwell, London Hospital.

The following passed the Medical part of the examination:—

Metcalfe, William, St. George's Hospital.
Sugden, Henry Clapham, Edinburgh University.

The following gentleman passed the Primary Examination:—

Snell, Ernest Skinner, University College.

The following passed Part 1 of the Primary Examination:—

Baly, Price Prichard, Queen's College, Birmingham.
Threadgale, Charles Alban.

The following passed Part 2 of the Primary Examination:—

Baca, Arthur Cejetan, St. Bartholomew's Hospital.
Curtis, Ernest Clement, Aberdeen University.
Keal, W. Morris, St. Bartholomew's Hospital.
Lattey, Walter Charles, St. George's Hospital.
Lazenby, Frederic Hamilton, University College.
Symons, Herman Bertie Trehane, Charing-cross Hospital.

ACCIDENT AT A LECTURE.—Dr. Ernest Ludwig, director of the Vienna Institute of Pathological Chemistry, while lecturing on Phosphorus on Jan. 23rd, received a burn on his hand from the substance having spontaneously ignited.

THE PARKES MUSEUM.—H.R.H. the Duchess of Albany has consented to become patroness of the Parkes Museum, of which H.R.H. the Duke of Albany was President until his decease.

PRESENTATION.—On the 14th ult. Mr. G. B. Irving was presented with a silver tea tray and two five-light candelabra, on the occasion of his leaving Stanmore, where he has practised for many years.

HARVEIAN SOCIETY OF LONDON.—The following is a list of the names of gentlemen elected by the Council as officers of the Society for the year 1888:—President: Mr. W. Sedgwick. Vice-Presidents: Drs. Buzzard, J. Williams, *W. Ewart, and *Mr. Herbert W. Page. Treasurer: Mr. G. P. Field. Hon. Secretaries: Dr. M. Handfield-Jones and *Mr. C. B. Lockwood. Council: Drs. J. Hughlings-Jackson, R. S. Mair, R. H. Milson, *Stephen Mackenzie, *E. Clifford Beale, and Messrs. F. H. Champneys, J. Ernest Lane, C. W. Mansell-Moullin, A. J. Pepper, *Edmund Owen, *Frederick Treves, and *J. H. Drew. Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office, last year.

ON the 26th ult. a new ward in connexion with the Rotherham Public Hospital and Dispensary was formally opened. The accommodation of the institution has by this addition been increased by twenty beds.

A NEW CORONER'S COURT. — The St. Pancras Vestry having had constructed, at an expense of more than £2000, a new mortuary and a coroner's court, with waiting-rooms &c., the buildings were opened on the 30th ult. by Dr. Danford Thomas, the coroner for Central Middlesex.

HOSPITAL SUNDAY COLLECTIONS. — The annual collections on behalf of the local medical charities were made in Sheffield and Rotherham on the 29th ult. In both towns the result of the appeals was, we regret to learn, somewhat disappointing.

RESPITE OF BOWLES.—It is gratifying to learn that the prisoner Henry Bowles has been respited, with a view to the subsequent commutation to the capital sentence to one of penal servitude for life. The fact was communicated to Bowles at Wandsworth prison on the 30th ult.

THE HALIFAX INFIRMARY.—From the report submitted to the annual meeting just held it appears that during the year there had been a considerable increase in the number of cases treated compared with the previous year. The income from all sources, except donations and legacies, was £5143, against £4991 last year. The capital account stood at £21,579. In the list of workpeople's subscriptions reference was made to the noble example to other firms of the workpeople of Messrs. John Crossley and Sons, who had raised no less than £354, and the Halifax Corporation Scavengers had contributed £11. The report was adopted, and the results of the year were deemed satisfactory.

RED CROSS ASSOCIATION. — Her Majesty the Empress of Germany placed at the disposal of the fourth International Conference of this Association, which met at Carlsruhe in September last, a sum of 6000 marks, as well as three gold and nine silver medals bearing her effigy, in order to promote the interests of the International Institution of the Red Cross, and more especially the relief of the wounded. It has been decided to devote the gifts to a competition on the best interior arrangement for a portable hospital intended for a certain number of sick and wounded, indicating the most suitable objects and the best means of procuring them. The exhibition of articles in the competition will be open at Brussels rom Sept. 1st to Sept. 30th.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THIRD OR FINAL EXAMINATION.

PRINCIPLES AND PRACTICE OF MEDICINE.

January 10th, 1888, from 3 to 6 p.m.

The candidate should confine his answers to the points asked in each question, and deal with them in the order indicated.

1. Describe a case of exophthalmic goitre. What is its probable physiological cause and character? What are the most appropriate methods of treatment? 2. What are the morbid appearances of dilated bronchus? In what association is it commonly met with, and by what signs may the conditions be sometimes recognised during life? 3. Describe the condition of urine usually found, the chief complications to fear, and the appropriate treatment and general management:—(*a*) In a case of acute nephritis, (*b*) in one of chronic nephritis in a gouty patient. 4. Under what circumstances does coagulation of blood take place in the living body, and what are its results? 5. In death by drowning, state the necessary duration of immersion, and describe the external appearance of the body. What morbid changes would probably be found in the brain, trachea, lungs, and stomach? 6. What sanitary precautions should be taken to diminish or prevent the spread of enteric and scarlet fever respectively in a district where they have broken out?

Note.—This paper also applies to candidates for the licence of the Royal College of Physicians of London.

MIDWIFERY AND DISEASES OF WOMEN.

Jan. 11th, 1888, from 3 to 6 p.m.

1. Describe the boundaries and relations of Douglas' pouch and the effusions which it may contain. 2. Give the clinical history of a typical case of tubal gestation. 3. Describe the natural mechanism of a vertex presentation, the occiput being behind and to the right. 4. Enumerate the causes of the various forms of post-partum hæmorrhage. Give their differential diagnosis, and describe and explain the treatment you would adopt. 5. Describe the symptoms and treatment of putrid or septic intoxication (sapræmia). 6. A patient complains of irregular profuse hæmorrhages, offensive watery discharge in the intervals, pain and wasting. She is anæmic. On examination, the uterus is found slightly enlarged, the cervical canal admits the finger, which enters a cavity with ragged uneven walls. Comment upon this case, stating your diagnosis and the conditions which would influence you in advising as to treatment.

Note.—This paper also applies to candidates for the licence of the Royal College of Physicians of London.

SURGICAL ANATOMY AND THE PRINCIPLES AND PRACTICE OF SURGERY.

Jan. 13th, 1888, from 1.30 to 4.30 p.m.

Candidates must answer at least four (including one of the first two) of the six questions, and are strongly advised to answer all the six questions.

Candidates unable to answer four questions must report the fact to the presiding examiner, and are not allowed to proceed with their examination.

1. What are the relations of the right kidney, and the relative position of the vessels and duct at the hilum? Describe the operation of exposing the kidney by a lumbar incision. 2. Describe the operation of Syme's amputation of the foot, enumerating in their order the structures divided. 3. Describe a case of traumatic rupture of the urethra, complicated with extravasation of urine. Give the treatment. 4. Describe an ordinary case of cut-throat, with details of the injury inflicted, and the treatment to be adopted. 5. Give the changes which take place in the spine in a case of lateral curvature. Describe the treatment you would adopt. 6. Describe the symptoms, prognosis, and treatment of a case of cutaneous erysipelas following a wound.

Note.—This paper applies also to candidates for the Pass Examination for the diploma of Member of the Royal College of Surgeons of England.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.

ARNOLD, FRANCIS SORELL, B.A., M.B., B.Ch.Oxon., M.R.C.S., has been appointed House-Surgeon to the Radcliffe Infirmary, Oxford.

ASHBY, Mr. ALFRED, has been appointed Analyst for the Borough of Reading.

BRIGGS, HENRY, M.B., C.M.Ed., F.R.C.S.Eng., has been reappointed Honorary Surgeon to the Liverpool Hospital for Women.

BURTON, JOHN HARP, L.R.C.P.Lond., M.R.C.S., has been reappointed Honorary Surgeon to the Liverpool Hospital for Women.

BUTCHER, A. H., L.R.C.S.Ed., has been reappointed Honorary Surgeon to the Birkenhead Borough Hospital.

CONWAY, THOMAS HENRY, L.R.C.P.Ed., L.F.P.S.Glas., has been appointed Certifying Factory Surgeon for the District of Wetheral, vice Arras, retired.

DAVIES, ARTHUR J., B.A., M.B.Cantab., M.R.C.P.Lond., has been appointed Physician to the Royal Hospital for Diseases of the Chest, City-road, E.C., vice Pringle, resigned.

DAVIES, ELLIS THOMAS, M.D., C.M.Ed., has been reappointed Honorary Assistant Surgeon to the Liverpool Hospital for Women.

EDIS, JOHN BUTLER, L.R.C.P.Ed., M.R.C.S., has been reappointed Honorary Surgeon to the Liverpool Hospital for Women.

FENNY, J. A., M.R.C.S., L.R.C.P.Lond., late Acting House-Surgeon, Beckett Hospital, and Medical Officer to the Small-pox Hospital, Barnsley, Yorks, has been appointed Assistant Resident Medical Officer to the General Dispensary, Nottingham.

GRINSDALE, T. BABINGTON, B.A., M.B.Cantab., M.R.C.S., has been reappointed Honorary Assistant Medical Officer to the Liverpool Hospital for Women.

HARRIS, ALFRED C. E., M.B., F.R.C.S.Ed., has been appointed Honorary Physician to the Birkenhead Borough Hospital.

HOWSE, PERCY WM., M.R.C.S., L.R.C.P.Lond., has been appointed Assistant Surgeon to the Poplar Hospital.

LODGE, SAMUEL, jun., M.B., B.S.Durh., has been appointed Medical Officer for the Fourth District of the North Bierley Union.

NORMAN, ALFRED B., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Empingham District of the Oakham Union.

PEACOCK, WILLIAM J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the First District and the Schools of the Warrington Union.

SAUNDERS, CHARLES EDWARD, M.D., M.Ch.Aber., MR.C.P.Lond., M.R.C.S., has been appointed Superintendent Medical Officer to the Sussex County Asylum, Hayward's-heath, vice Dr. S. W. D. Williams, resigned.

SCOTT, ARTHUR W., M.D., M.R.C.S., has been appointed Medical Officer of Health for the Handsworth Urban Sanitary District, Yorkshire, vice Le Tall, deceased.

SHILLINGLAW, WILLIAM, L.D.S R.C.S.I., has been reappointed Honorary Dentist to the Birkenhead Borough Hospital.

SMART, DAVID, M.B., C.M.Ed., has been reappointed Honorary Assistant Medical Officer to the Liverpool Hospital for Women.

STANSFIELD, GEORGE SUTCLIFFE, L.R.C.P.Ed., M.R.C.S., has been reappointed Honorary Surgeon to the Birkenhead Borough Hospital.

STEWART, ANDREW, L.R.C.P. Ed., L.R.C.S., has been reappointed Honorary Physician to the Birkenhead Borough Hospital.

STRUGNELL, ARTHUR J., has been appointed Senior House-Physician to the Royal Hospital for Diseases of the Chest, City-road, E.C.

TICEHURST, AUGUSTUS R., M.R.C.S., L.S.A., has been elected Honorary Medical Officer to the Convalescent Home for Poor Children, St. Leonard's.

TOLLER, C. W. E., L.R.C.P.Lond., M.R.C.S., has been appointed Public Vaccinator for the Ilfracombe District of the Barnstaple Union.

WALLACE, ALEXANDER, M.A., M.D.Oxon., M.R.C.P.Lond., has been appointed Physician to the Essex and Colchester Hospital.

WILLIAMS, NEVILLE, M.A., M.B.Cantab., M.R.C.S., has been reappointed Medical Officer to the Harrogate Cottage Hospital.

WILSON, ROBERT JAMES, F.R.C.P.Ed., M.R.C.S., has been reappointed Honorary Medical Officer to the Convalescent Home for Poor Children, St. Leonard's.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BIRMINGHAM BOROUGH ASYLUM.—Clinical Assistant. Board and residence, but no salary.

BIRMINGHAM CHILDREN'S HOSPITAL.—Assistant Resident Medical Officer. Salary £40 per annum, with board, washing, and attendance in the institution.

BROMPTON CANCER HOSPITAL, S.W.—Pathologist. An honorarium of £80 will be voted at the end of the year.

NATIONAL ORTHOPÆDIC HOSPITAL (FOR THE DEFORMED).—Surgical Registrar and Anæsthetist. An annual honorarium of £20 is attached to the office.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Assistant Physician.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, E.C.—Assistant Physician.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester-square.—Two Assistant Medical Officers.

TUNBRIDGE WELLS BENEFIT SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Salary £120 per annum.

WORCESTER AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Senior Medical Officer. Salary, with residence, £200 per annum, with a portion of the midwifery fees; also £30 per annum for cab hire, and £10 per annum for coals.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 27th ult., at 184, Aldersgate-street, E.C., the wife of John Adams, L.R.C.P.Lond., of a daughter (Mary Dora).

BARNETT.—On the 29th ult., at High-street, Lewisham, the wife of F. Septimus Barnett, M.R.C.S., of a son.

CURRIE.—On the 22nd ult., at The Elms, Tillicoultry, the wife of D. W. Currie, M.B., of a son.

DAVIDSON.—On the 28th ult., at 2, Bon Accord-square, Aberdeen, the wife of James McKenzie Davidson, M.B., C.M., of a daughter.

KERNOT.—On the 26th ult., at Bishnauth, First-avenue, West Brighton, Sussex, the wife of C. N. Kernot, M.D.St.And., M.R.C.S., of a daughter.

MARRIAGES.

ATKINSON—LLOYD.—On the 26th ult., at St. Giles-in-the-Fields, by the Rev. Canon Nisbet, assisted by the Rev. Howett Brown, William Atkinson, M.D., of Clapham, to Violet Mary, eldest daughter of Samuel Lloyd, M.D., of High-street, Bloomsbury.

BAMPFYLDE—THOMPSON.—On the 31st ult., at St. Paul's, Beckenham, James Bampfylde, M.R.C.S., to Lucy Emily, daughter of John Thompson, Esq., of Parkside, Beckenham.

BURNSIDE—BOURNER.—On the 28th ult., at the Parish Church, Hove, Brighton, Eustace Augustus Burnside, Surgeon, Army Medical Staff, to Maud Mary, youngest daughter of the late Jas. Bourner, of The Gables, Hurstpierpoint, Sussex.

CRICK—NEWTON.—On the 31st ult., at St. James's Church, Piccadilly, by the Rev. W. E. Windle, M.A., S. A. Crick, Esq., M.B., eldest son of Frederick Crick, Esq., of Great Glenn, Leicestershire, to Elizabeth, only daughter of the late George John Newton, Esq., of Dukinfield, Chester.

GARDNER—BRADSHAW.—On the 25th ult., at Christ Church, Streatham, William T. Gardner, M.B.Lond., to Madelina Jane, second daughter of Richard Bradshaw, of Christ Church-road, Streatham.

SMITH—EYRE.—On the 9th ult., at Bray, co. Wicklow, Harry W. Smith, L.K.Q.C.P.I., L.R.C.S.I., to Annie, younger daughter of the late Edmund Moore Eyre, Esq., of Gort, co. Galway.

WESTENRA—SCOTT.—On the 23rd ult., at Templeton Church, near Christchurch, New Zealand, FitzGerald George Westenra, M.B., L.R.C.P.Ed., to Bessie, elder daughter of Thos. Graham Scott, Esq., of Bonnington, Edinburgh.

DEATHS.

BEAMISH.—On the 20th ult., at Gunnersbury, Francis Potter Beamish, M.D., in his 84th year.

BOOTH.—On the 24th ult., at Montrose, James Booth, Staff-Surgeon, R.N.

COLE.—On the 24th ult., at Dover, George Martin Cole, M.R.C.S., Surgeon in the H.E.I.C.S., aged 39.

MENNELL.—On Dec. 27th, 1887, at Drummond Lodge, Westmoreland, Jamaica, Zebulon Mennell, L.S.A., Government Medical Officer, formerly of Malton, Yorkshire, in his 68th year.

PALMER.—On the 28th ult., at Putney, Caroline Margaret Palmer, recently of Barnwood, Eastbourne, Sussex, widow of Henry Smith Palmer, M.R.C.S., of St. Leonard's, Mortlake, Surrey, aged 65.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. Storer Bennett: Dilaceration in the Incisor of a Porcupine.—Dr. St. Geo. Elliott: A System of Crowns.—Mr. J. Bland Sutton: Odontomes.—Dr. Harlan (Chicago): The Management of Pulpless Teeth.

SOCIETY OF ARTS.—8 P.M. Mr. A. Gordon Salamon: Yeast, its Morphology and Culture (Cantor Lecture).

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Churton (Leeds): Empyema.—Mr. Pearce Gould: Four cases of Thoraco-plastic Operations for Empyema.—Dr. F. De H. Hall and Mr. J. Astley Bloxam will relate similar cases.

Tuesday, February 7.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.

SOCIETY OF ARTS.—8 P.M. Mr. H. C. Beeton: British Columbia.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. E. H. Fenwick: Etiology of Vesical Growths.—Mr. R. W. Parker: Specimens of Bone Disease.—Mr. Eve: Specimens of Dry Caries.—Mr. Spencer: Deformity of Sternal Ends of Clavicles in Rickets.—Mr. Treves: Malanosis of the Skin.—Mr. R. Owen: Anomalous Appendage in a case of Spina Bifida.—Mr. Shattock: Imperforate Urethra.—Mr. D'Arcy Power: Parosteal Lipoma. Card Specimens.

Wednesday, February 8.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—8 P.M. Mr. Mayo Collier: Note on the Functions of the Sinuses of Valsalva and Auricular Appendices.—Mr. J. Bland Sutton: (1) Specimens illustrating the Development of the Superior Maxilla, the Inferior Maxilla, and Malar Bone; (2) On some Vestigial Muscles.—Prof. Cunningham: (1) Cranio-cerebral Topography (illustrated by a series of models); (2) The Musculus Sternalis.—Dr. St. John Brooks: On the Morphology of the Deep Extensors of the Digits of the Manus and Pes.—Prof. Alex. Macalister: Dissecting-room Notes and Specimens.—Prof. Thane: Obliteration of the Cœliac Axis; Collateral Circulation established through the Pancreatico-duodenal Arteries.—Prof. Curnow: (1) Abnormal Development of Skull; (2) Inter-parietal Bone; (3) Double Arch of Aorta, enclosing Trachea and Œsophagus; (4) Constricted Arch of Aorta, with Enlarged Anastomotic Branches. Mr. Kenny: Abnormal Relation of Phrenic Nerve to the Subclavian Vessels.

HUNTERIAN SOCIETY.—7.30 P.M. Annual General Meeting. 8 P.M. The Annual Oration by Mr. R. Clement Lucas.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Justin F. Donovan: Yellow Fever and the Microbian Doctrine.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. President's Address.

SOCIETY OF ARTS.—8 P.M. Mr. W. Lant Carpenter: The Continuation of Elementary Education.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Dr. Jas. Aveling: The Diagnosis and Electrical Treatment of Early Extra-uterine Gestation. Adjourned Discussion on Mr. Lawson Tait's cases of Ruptured Tubal Pregnancy successfully dealt with by Ligature of the Broad Ligament. Specimens will be exhibited.

Thursday, February 9.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. C. Hubert H. Parry: Early Secular Choral Music (with Illustrations).

SOCIETY OF ARTS.—8 P.M. Prof. Hubert Herkomer: Etching, &c.

Friday, February 10.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SOCIETY OF ARTS.—8 P.M. Capt. Manifold: The Work of the Afghan Frontier Commission.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Mayo Robson: Cases of Ruptured Intestine without External Wound; Diagnosis and Treatment.—Mr. Bennett: A case of Intestinal Obstruction in which the Colon gave way outside the Peritoneum.—Mr. Walsham: A case of Intestinal Obstruction; Nélaton's Operation; Death; Volvulus of the Cæcum; Malposition of Ascending Colon.—Mr. Bernard Roth: A case of Arrested Growth of the Ulna (living specimen).

ROYAL INSTITUTION.—9 P.M. Mr. W. H. Preece: Safety Lamps in Collieries.

Saturday, February 11.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Lord Rayleigh: Experimental Optics

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, February 2nd, 1888.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Jan. 27	30·27	N.W.	38	36	69	45	34	...	Hazy
,, 28	29·97	N.E.	31	...	56	46	29	·06	Cloudy
,, 29	29·95	N.E.	31	...	52	38	30	...	Cloudy
,, 30	30·09	N.E.	29	...	...	37	26	...	Foggy
,, 31	29·47	S.W.	36	33	...	41	29	·06	Raining
Feb. 1	29·74	N.E.	33	32	52	34	30	·14	Cloudy
,, 2	30·18	W.	25	...	...	32	23	...	Foggy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

JUDGES AND DOCTORS IN FRANCE.

Le Practicien prints a somewhat amusing article on "Judges and Doctors," which would tend to show that though medical men in this country sometimes complain that they are rather hardly used in courts of justice, our French *confrères* are certainly no better off. The writer intimates pretty plainly that as a general rule no love is lost between judicial personages and doctors. He mentions one or two cases to illustrate the way in which a Juge d'Instruction (a functionary whom he seems especially to abhor, and the counterpart of whom we fortunately do not possess) can worry a medical man whom he does not like, or whose political views may not happen to square with those of the party in power.

Curette.—It is quite clear that the father cannot, under the circumstances, be held responsible for the action of the son.

CALIFORNIA AS A RESIDENCE FOR CONSUMPTIVES.

To the Editors of THE LANCET.

SIRS,—The following observations on Southern California and Los Angeles as resorts for consumptives are of more than personal interest and value, and may interest some of your readers. They are from a letter written to me by a very clever young New York surgeon who has been obliged to settle in Southern California himself, and has obtained the greatest benefit therefrom.

"I think you may tell ——'that she can get well here if she can get well anywhere. Tell her she must not live in the city of Los Angeles, a damp, low, ill-drained, unhealthy town, to which English consumptives come and die by the score. She must live at an elevation of about 1500 ft. on the foot-hills of the coast range, above the sea fogs, and at least thirty miles away from the sea-shore. The following villages are good places, all in this county (Los Angeles county): Sierra Madre, Duarte, Monrovia, and Glendora. Your English physicians err in sending patients wildly to 'Southern California"—a very big country, the entire sea-coast of which is as damp and foggy as the coast of dear Old England. They should be told to go and live high up in the mountains of Southern California, and never go near the sea. Out-door life at a moderate elevation, in a dry country, is the only treatment for phthisis, as of course you know."

The above is from one who is not only an able medical man who has had a very excellent and varied training in his profession, and who has himself suffered from incipient phthisis, but who also knows both Europe and America well.

I am, Sirs, yours truly,

London, Jan. 28th, 1888. C. B. KESTLEY.

UNSUCCESSFUL ATTEMPT TO LEVY BLACKMAIL.

AN attempt to levy blackmail on a pharmacist was recently made in Kieff by two young men, who are supposed at one time to have been chemist's assistants, or, at all events, to have known something about the business. They each procured from medical men, who of course had no idea that they were not treating genuine patients, a prescription. One of these ordered the preparation of an ordinary harmless mixture, the other was for an atropine lotion. These were taken to the chemist who was to be victimised, and after they had been made up the labels on the bottles were surreptitiously changed by the young men, and the unfortunate chemist threatened with a prosecution for gross and dangerous carelessness, with the object of course of obtaining blackmail from him as the price of not being denounced. Fortunately, however, the victim was not to be so easily caught, and the trial ended in a manner little expected by the young men. It was found out that they had previously played, or attempted to play, a similar trick on chemists in Moscow, and had been successful in obtaining blackmail to the extent of something like £50. They were consequently ordered to be sent thither, where they will doubtless receive the punishment they deserve.

Iatros.—The question is one to which it is almost impossible for us to give a definite answer. The medical adviser can alone rightly estimate the value of his services in any particular case.

Dr. Carmichael.—We cannot promise insertion, but the paper may be forwarded.

Mr. Roger Hall.—Such a suggestion is, we believe, incompatible with professional feeling in the matter.

QUALIFICATIONS OF ASYLUM SUPERINTENDENTS.

To the Editors of THE LANCET.

SIRS,—The circumstances connected with the recent appointment of a medical superintendent to the Sussex County Lunatic Asylum at Hayward's-heath call, in my opinion, for some comment. They have excited among junior asylum men a feeling of surprise allied to consternation, and afford subject for most serious consideration to every assistant medical officer in the kingdom.

In the advertisement announcing the vacancy it was stated that the superintendent must be "a Doctor of Medicine of a University in the United Kingdom, *and* a Fellow, Member, or Licentiate of the College of Physicians of London, Edinburgh, or Dublin." (The italics are my own.) This restriction at once had the effect of shutting out nine-tenths of the assistant medical officers in England; among them men of long lunacy experience, many of whom possessed the necessary British degree, but lacked a diploma from a College of Physicians. While others again, who had taken up one of the licences, and had in addition graduated M.B., C.M., were told on inquiry that they were ineligible, not having an M.D. degree. Of course, scores of "doubly qualified" men were excluded. Attention was called to the unfairness of the restrictions by your correspondent "M.D., M.Ch., M.R.C.S., L.S.A.," in your issue of Jan. 7th. But the worst is to come.

The appointment has now been made. The successful candidate has, I am informed, never held a resident post in any asylum, his sole knowledge of the care and cure of the insane having been derived from occasionally acting as a substitute for one of the Lord Chancellor's Visitors in Lunacy. His medical qualifications fulfil the requirements of the committee, and he is doubtless a man of much experience in his profession, having qualified so long ago as 1864, and having been in private practice for, at any rate, twenty years; but his, I maintain, is not the kind of training calculated to make a successful medical superintendent. Promotion in the lunacy world has been slow enough of late years in all conscience, and assistant medical officers of twelve and fifteen years' standing had already begun to ask themselves whether they had not made a grand mistake in their choice of a specialty. This last appointment will doubtless summarily settle the question for many of them, and cause them to throw away their years of special training and embark in general practice. Were any newly qualified member of the profession to ask my advice as to entering upon asylum work with a view to ultimately obtaining a superintendency, I should now feel tempted to advise him to start in private practice, and trust to the chapter of accidents for translation to the control of an asylum. I should also quote Sir Joseph Porter, to the effect that—

> "If you stick to your desk and never go to sea,
> You perhaps may be made ruler of the Queen's Navee."

"The bearings of this observation lays in the application on it." (Capt. Bunsby.)

In conclusion, I beg to assure you that I have written this with no intention of making a personal attack upon the successful gentleman, whom I have never had the pleasure of meeting, and against whom I do not bear the slightest ill-will.

I am, Sirs, your obedient servant,

Jan. 31st, 1888. M.R.C.P.LOND., M.R.C.S.

*** Our correspondent will see in another column that the gentleman elected has for many years been engaged in the inspection of asylums as medical visitor to the private asylums in the eastern division of Sussex.—ED. L.

"SUPPRESSION OF THE SALIVARY SECRETION."

To the Editors of THE LANCET.

SIRS,—This subject has been introduced to your readers in the last two issues of THE LANCET. It is one of much interest both from a pathological and clinical point of view. Mr. Rowlands publishes a well-marked case, inviting information, and Dr. Hadden, while presenting the details of another, comments upon the fact of its "very uncommon occurrence" and "the scanty reference made to it in medical literature." I have already communicated to Mr. Rowlands the result of my practical experience and mode of treatment of this affection; and with your permission I should desire to contribute, although in but a slight degree, to the literature of the subject by a quotation from a paper of mine published in the November number of the *Dublin Journal of Medical Science* for 1880—the fourth of a series on the subject of "Some Important Therapeutic Effects of Chlorate of Potassium, with special reference to its action on the Conglomerate Glands." The essay commences with the following extract:—"As chlorate of potassium exerts a salutary influence on all vital phenomena, especially upon the processes of cell growth, nutrition, and secretion, we might naturally expect to find that its administration in an abnormal condition of the conglomerate glands would be followed by evidence of its power; and such is the case, for example, in functional derangement of the salivary and mammary glands. The first-named may fail in secreting power from congenital defects, as in a class recognised by naturalists as 'dry-mouthed' families, or from the effects of wasting diseases, such as diabetes. They may, on the other hand, from various causes suffer from an excess of secretion, as in the period of dentition and its opposite—old age; from sialagogues, such as mercury, pellitory of Spain, and from tobacco, or the smell and sight of savoury viands. In either case—whether that of ptyalism or its opposite condition—chlorate of potassium taken internally in sufficient doses (twenty grains in solution three times daily) restores the balance and regulates the condition. Its primary effect in the healthy state is to stimulate and increase the flow of saliva, many persons being rather inconvenienced by swollen gums when taking it; when given in the form of lozenge or solution, it restores the absent or failing secretion. We are all conversant with the controlling power of this remedy in cases of mercurial salivation, but mistake its *modus operandi* when we attribute its action to an antidotal opposition to mercury, as in the familiar example of opium and belladonna. The salt simply acts as a regulator, in the first instance exalting the physiological power when below par, and in the second by reducing to normal limits the working of the gland when in an excited condition." Reference is then made to the parallel case of agalacty and galactorrhœa, in which the writer has found this salt equally potent in restraining or stimulating the lacteal secretion. I only wish to add that the cases that came before me were of ladies in advanced life, and that my ordinary formula consisted of one ounce of chlorate of potass to twenty of water, of which one ounce was to be taken three times daily.

I am, Sirs, sincerely yours,

Belfast, Jan. 22nd, 1888. ALEXANDER HARKIN.

B. L. S. (Newcastle).—The latest and most complete work on Italian pharmacology and therapeutics is that entitled "Trattato di Farmacia con Nozioni di Medicina Pratica," by Professor Nestore Prota Giurleo of Naples. It aims at combining, as far as possible, the respective merits of the well-known treatises of Drs. Lauder Brunton and Sydney Ringer among ourselves. It includes a practical account of the chief ailments, with their modifications, adulterations, and the best means of detecting them, and also very clear rules for urinary analysis. The volume (pp. 1500, with 787 illustrations) is strongly recommended to his professional compatriots by Professor Tommasi.

G. H. R.—Of course, the card itself, and the method of its distribution, are alike unprofessional.

Mr. C. K. Bond.—It does not appear to us that any useful purpose would be served by the publication of the letter of our correspondent.

ELECTRIC ILLUMINATION OF THE MALE BLADDER AND URETHRA.

To the Editors of THE LANCET.

SIRS,—We request you to be good enough to let us recall to your notice that Messrs. Leiter's instrument, referred to in your last issue, for introducing the electric light into the bladder, was exhibited at the Medical and Chirurgical Society on March 23rd, 1880, by Sir H. Thompson, who brought it from Vienna immediately after its invention. One of our firm was present to arrange the apparatus while it was shown upon a living patient, and we did the same at University College Hospital. The difference between the instrument then and now is that a current of cold water was then passed through the sound containing the light to prevent heating, and that by the present mode this is not necessary. But the illumination was made in the interior itself then as now, and no improvement in that respect has taken place. The method was shown at the same time to be applicable to illuminate the interior of the stomach, and it had then been thus used at Vienna. The original instruments exhibited are in our possession. A full report will be found in THE LANCET of April 3rd, 1880, and a summary of the history and capabilities of Leiter's invention, especially in relation to tumours and obscure diseases of the bladder.

We are, Sirs, your obedient servants,

February, 1888. JOHN WEISS AND SON.

AN ANOMALY IN STAMMERING.

To the Editors of THE LANCET.

SIRS,—Amelia H——, aged twenty-one, has been affected for many years—in fact, as long as she can remember—with a peculiar spasm in connexion with speech. This consists of a series of clonic contractions of certain of the flexor muscles of the right upper and lower extremities, which invariably precede the commencement of a sentence, and occasionally also interrupt a sentence already commenced. The movements are strictly limited to the right side of the body, and present the appearance of a number of forward jerks of the shoulder, arm, forearm, and thigh, and until they cease she is unable to get out a word; but when once the sentence is commenced she speaks quite plainly and naturally, and is, as a rule, able to complete it without further interruption. The duration of the spasm varies from two to six seconds, or thereabouts. Her general health is good. Her mother died of "fits," and several other near relatives have been subject to fits, presumably epileptic in character. Although there are in this case no spasmodic movements of the muscles concerned in speech and no distortion of the facial muscles, yet from the fact that the spasms invariably occur in connexion with the act of speaking it must, I think, be classified as a form of stammering. The chief point of interest is the limitation of the movements to the right side, and this facts tends to throw some light upon the cause of the condition, especially if it be contrasted with the comparatively common occurrence of aphasic symptoms in cases of right-sided hemiplegia. There are no symptoms to indicate the presence of any organic brain lesion, and the most probable explanation is, I think, that of irregular coördination. Possibly the spasms may be due to an "explosion" in the flexor centres for the right arm and leg, lighted up, as it were, by a nerve current communicated along some unusual line of connexion between those centres and the centres for speech, and this might be either between Broca's convolution and the cortical motor centres, or more probably between the lower centres in the corpus striatum. The existence of neurotic tendencies in other members of the family must not be overlooked, as showing a hereditary predisposition to irregularities in the nervous system.—I am, Sirs, yours truly,

H. R. BRAMWELL, M.B., M.R.C.S.

Harlington, Middlesex, January, 1888.

Mr. Rodatz.—The suppression of quackery cannot be effected by special Acts of Parliament. The work must be accomplished by the gradual growth of intelligence amongst the people, who will, it is to be hoped, by-and-by be able to distinguish between true and false claims to the possession of the skill requisite to successfully cope with disease. Legislation can only assist and guide in the exercise by the public of this discrimination.

CONVULSIONS IN A GIRL AGED FOURTEEN YEARS, CAUSED BY ROUND WORMS.

To the Editors of THE LANCET.

SIRS,—About 6 P.M. on Nov. 24th last I was summoned three miles off to see Ada C——, aged fourteen years, reported by the messenger to be dying. On my arrival I found the patient in a semi-conscious state, lips cyanosed, eyes staring, pupils dilated, and moaning as if in pain. Her mother informed me that she had just had a convulsive seizure, and had been having them "on and off" for the past two hours. On making inquiry as to the previous health of the girl, I was informed that for about six weeks she had complained of dyspeptic symptoms, had suffered from colicky pains in the bowels, a very offensive breath, and disturbed sleep, but had never, to her mother's knowledge, got rid of a worm. She commenced menstruating when thirteen years of age, and that function had since been regularly performed.

Believing from the above history that worms were the *fons et origo mali*, I prescribed a powder of four grains of santonin to be given as soon as possible with castor oil, and another early next morning. I also ordered a mixture of bromide of potassium to be given during the night at intervals.

On calling next morning at 10 o'clock I could see by the mother's face that she had good tidings to communicate, and such was the case. She informed me that during the night her daughter continued to have the convulsions, but not so severely, and that about 8 A.M., and half an hour after the second powder had been administered, she got rid of four round worms, and was since "wonderfully better." On visiting her, I found her perfectly conscious, and complaining of nothing but weakness and slight pain in the bowels. I ordered another similar powder to be given next morning with castor oil, but the evacuation which followed it was free from any parasite, and in a week she was able to resume her employment as a servant. I mention this case as illustrative of the severe symptoms worms may produce, even during the period of adolescence; their rapid disappearance on the removal of the worms; and as another testimony to the value of santonin against the ascaris lumbricoides.

I remain, Sirs, yours faithfully,

GEO. TANDY WILKINSON, L.R.C.S.I. &c.

Cloughton, Scarborough, Jan. 28th, 1888.

Tenebras.—This is a purely legal question, depending on facts and written documents, on which our correspondent should be advised by his solicitor.

W. M. W. is referred to our advertising columns.

"SQUATTERS IN LONDON."

To the Editors of THE LANCET.

SIRS,—Will you kindly permit me to point out the case, No. 141, Flood-street, Chelsea, referred to in your last under the heading of "Squatters in London"? Whilst clearly demonstrating, as you say, the difficulty of dealing with the extreme poor, this case is not one which has been allowed to drop through "leniency." The fact of the matter is, it is a case which I have watched with great interest, and have taken careful note of it for future use, as it proves the powerlessness of the authorities under the present Acts to deal with such a case. The landlord, who holds under Lord Cadogan, cannot be found, and, failing his appearance, Mr. Partridge, the magistrate, declined to sanction an ejectment by force on the part of Lord Cadogan's agents. I should have thought the magistrate had power to order the removal of squatters as a nuisance, but Mr. Partridge evidently does not think so, for he said, in dismissing the case, "I shall be committing an illegal act if I make a bad order, and I cannot do it."

I am, Sirs, yours faithfully,

JNO. HAMER,
Hon. Sec., Mansion House Council on the Dwellings of the People.

Jan. 27th, 1888.

Senex.—Dr. A——, unless he has received the sanction of his guardians to have his duties performed by his deputy, is bound to resign his appointment if he ceases entirely to visit or attend his pauper patients.

Mr. E. Yeates.—Longmans and Co., Paternoster-row.

"SCHOOLS" AND "SYSTEMS."

To the Editors of THE LANCET.

SIRS,—In your admirable and practical annotation on "Homœopathy in the United States" (in which even Lord Grimthorpe can hardly point out odium) you use the words "both systems and both schools." Might I suggest that "system" and "school" should no longer be applied by medical men to homœopaths, nor the word "allopathy" be used. Homœopathists talk of the *two* schools and the *old* school as the inhabitants of some little island on our shores talk of the neighbouring island of Britain. "Orthodox" medicine is a hard term too. As well might one talk of orthodox geology or astronomy. Fancy a "school" which believed the earth flat and square talking of the old school of astronomers.

I am, Sirs, yours truly,

February, 1888. W. B.

D. M. J. is referred to our Students' Number, published in September last.

Mr. P. J. Thomson.—The papers will be acceptable.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Hulke, London; Prof. Crookshank, London; Dr. Sansom, London; Sir W. Mac Cormac, London; Mr. Poland, London; Mr. C. K. Bond; Dr. R. Shepherd, London; Mr. Clutton, London; Lord Wantage; Dr. Swift Walker; Mr. Humphreys, London; Dr. Griffiths, London; Dr. O'Neill, Lincoln; Dr. Carmichael, Edinburgh; Dr. McElpatrick; Mr. Rodatz, Liverpool; Mr. Lawrence, London; Dr. Pampoukis, Paris; Mr. Day; Mr. R. L. Routh, Banbury; Dr. Shettle, Reading; Messrs. Wrigley and Co.; Dr. Dudgeon, London; Mr. Wood, Leeds; Messrs. Dawson Bros., Montreal; Mr. W. P. Thornton, Canterbury; Mr. Hickey, New York; Mr. Keetley, London; Mr. Louttit, London; Messrs. Oliver and Boyd, Edinburgh; Mr. Barnardo, London; Messrs. Lea Bros. and Co., Philadelphia; Mr. Branthwaite, Twickenham; Messrs. Lynch and Co.; Mr. J. Hamer, London; Dr. W. Fraser; Messrs. Pocock and Co., London; Dr. Niven, Manchester; Mr. R. Hall, London; Mr. A. Leach, London; Mr. Wilkinson, Cloughton; Dr. Taylor, Brosely; Mrs. Theobald, Leicester; Mr. Chambers, Birmingham; Mr. C. Fuge, Taunton; Mr. French, London; Mr. Ormerod, London; Rev. E. Cleal, Wimborne; Mr. Mullaney, Ireland; Miss Price, London; Dr. Adams, Kent; Mr. Sawyer, Birmingham; Mr. O'Keeffe, Dublin; Mr. Quinn, Kensal-town; Messrs. Maclachlan, Edinburgh; Mr. W. Laler, Manchester; Mr. Thompson, Launceston; Messrs. Elder, Dempster, and Co., London; Mr. Gilford, Redhill; Mr. Patterson; Mr. Bryan, New Southgate; Mr. M. Handfield-Jones, London; Mr. Bresson, Valence, France; Mr. Drew; Mr. Brown, Birmingham; Messrs. Maythorn and Sons, Biggleswade; Mr. H. R. Bramwell, Harlington; Messrs. Stern and Co.; Mr. Radley, London; Dr. Lewers, London; Messrs. Warren and Co., Bristol; Mr. Corbett, London; Dr. Wahltuch, Manchester; Mr. Berry, Wigan; Mr. Karkeek, Torquay; Mr. Kirkley; Dr. F. W. Burnett; Mr. Millican, London; Mr. Gilderdale; Dr. M. Macaulay, London; Mr. Daglish, Jarrow; Mr. Fox, London; Dr. Larkin, Grove Park; Mr. Dwelly; Mr. Russell, Liverpool; Dr. Allwright, Maidenhead; Mr. Dupont, Brighton; Mr. Bonners, Baling; Mr. Armstrong, London; Mr. Massie, Edinburgh; Mr. Beesley, London; Mr. Lewis, Hackney; Mr. Hansom, Edinburgh; Mr. Gale, Brighton; Mr. Daniel, London; Mr. Bridges, Southampton; Mr. Pegg, London; Mr. Stilliard, Birmingham; The Whittington Life Co., London; The Jarvis-Conklin Co., London; Iatros; R.; Deaconess Townson; Delta, Bath; Senex; Ad omnia prompta; M.R.C.P.L., M.R.C.S.; Matron, Northampton; Interested; A Medical Practitioner; Z. Y. X.; W. B.

LETTERS, *each with enclosure*, are also acknowledged from—Sir Morell Mackenzie, London; Mr. Somerville, Dorset; Dr. Bramwell, South Shields; Mr. Wright, Somerset; Mr. Eschwege; Messrs. Robbins and Co., London; Dr. Adye, Bradford-on-Avon; Messrs. Macfarlan and Co.; Mr. Gayley, Ireland; Mr. Cooper, Grantham; Mr. Crickmay, Suffolk; Dr. Maclean, Swindon; Mr. Adams, London; Messrs. Hogg and Son; Mr. Hetherington, Newcastle-on-Tyne; Messrs. Davis and Co., Birmingham; Mr. Godfrey, Northampton; Messrs. Richards and Co., London; Mr. Story, Hull; Dr. Mackay, Crook; Messrs. Sutton and Sons, Reading; Messrs. Smith, Birmingham; Messrs. Burroughs and Wellcome, London; Mrs. Weston, Sydenham; Messrs. Allbutt and Co., Madras; Mr. Kelven, Manchester; Messrs. Harthill, Willenhall; Dr. Davidson, Aberdeen; Mr. London, Peterboro'; Dr. Edlundh, London; Mr. Archdale, Coltishall; Mr. Auld, Edinburgh; Dr. George St. George, Lisbon; Mr. Allan; Dr. Bayle, London; Messrs. Waltham Bros., Stockwell; Dr. Haddud, Alexandria; Mr. Armstrong; Dr. Gray, Liverpool; Mr. Richards; Mr. Baldwin, Tunbridge; Mr. Brodrick, Northampton; Mr. Heywood, Manchester; Dr. Harding, Radnor; Dr. Cochrane, Broadford; Dr. Simpson, Bailliieborough; Mr. Merrick, London; Dr. Roughton, Hammersmith; M S., Southport; General Medical Council, London; B. C. D., London; G.; Liverpool Northern Hospital; Matron, Liverpool; N. B.; Brbs; Alpha, Plymouth; Bona Fide; Medicus, Southport; M. J.; Medicus, Tonbridge; Secretary, Ilfracombe; V. B., Ashton-under-Lyne; K. K.; Y. N. N.; F. W. B., Clapham; W. W., Bradford; Lux; A. M., Tipham; A. Z.; Alpha, Keighley; Lancashire, London; Æsculapius.

Literary Opinion, Newcastle Daily Leader, Evening Post, Bristol Mercury, Toronto Sun, Beverley Recorder, Rochester Observer, Ramsgate and Margate Chronicle, &c., have been received.

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